CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

VP 23007

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation onticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record hove any historical significance?
12 yrs.	Micro. Perm.	12 yrs and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13 Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A.	B.	C.
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrop or woste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C P Force 3/29/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—12-9-25—A Co.—200 Blks.

E 14456

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 E 14456

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 806 N. Chapel St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ARTHUR Arthur F. Shwatka.

(a) RESIDENCE NO. 806 N. Chapel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred __ yrs. __ mos. __ ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): August 3 / 26.

7 AGE: Years __ Months 1 Days ~~22~~ 3 Weeks — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Balt

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) William B. Shwatka

12 MAIDEN NAME OF MOTHER Clara Rud.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penn. Pa.

14 Informant (Address) William F. Shwatka 806. N. Chapel St.

15 Filed _____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 — 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1926, to Sept 21 —, 1926, that I last saw h... alive on Sept 21 —, 1926, and that death occurred, on the date stated above, at 1.40 p.m.

The CAUSE OF DEATH* was as follows:

Acute fosto - Enteritis

(duration) 1 yrs. __ mos. 1X ds.

CONTRIBUTORY (Secondary) Enteritis

(duration) __ yrs. __ mos. __ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Con Detmit M. D.

(Address) 701 N. Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County. Date of Burial: Sept 27 1926

20 UNDERTAKER: George - L Rutter ADDRESS 1735 Harford Ave

Very important. See instructions on back of certificates.

THOMPSON-JONES, M. D.

27 1926

1-12-23—M&T—500 Blks.

E 14457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001-

E 14457

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 N Central Ave ST., 9-1 WARD)

2-FULL NAME Annie B. Todd

(a) RESIDENCE No. 1314 N. Central ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of George Todd

6 DATE OF BIRTH (month, day, and year) July 10 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home 37

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER William L. Brown

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Frances A Barton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant William D. Todd
(Address) 1314 N. Central ave

15 Filed 9-27 1926 19 C. THOMPSON JONES, M. D. Registrar
Per R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 1921, to Sept 25, 1926,
that I last saw her alive on Sept 24, 1926,
and that death occurred, on the date stated above, at 7 a. m.
The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 5 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Man

(Signed) Hubert B Knapp, M. D.

1926 (Address) 1116 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept 28 1926

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W North Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14458

E 14458

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Harlem ST., 46-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie L. Anthony

(a) RESIDENCE NO. 1212 Harlem ST. E, WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	Colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lewis Anthony

(Address) 1212 Harlem Ave

Filed SEP 27 1926 19 RAMSAY JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1926, to Sept 25, 1926

that I last saw h[illegible] alive on Sept 25, 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Mouth

(duration) yrs. 8 mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Test

(Signed) C. A. Hatchett M. D.

9/25 1926 (Address) 1212 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Sept 27 1926

20 UNDERTAKER Hamilton

ADDRESS 916 Park

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14459

CERTIFICATE OF DEATH.

73 E 14459

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4022 Belle ave ST., 15-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Saml. H Stehley

(a) RESIDENCE NO. 4022 Belle ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal. | 4 COLOR OR RACE W | 5 ~~Single, Married, Widowed,~~ or Divorced, (write the word) divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) July 6 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47.	2	19.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Saml Stehley

11 BIRTHPLACE OF FATHER (city or town) Harrisburg Pa

(State or country)

12 MAIDEN NAME OF MOTHER Mary A Seymour

13 BIRTHPLACE OF MOTHER (city or town) Portsmouth Va

(State or country)

14 Informant Mary A Stehley

(Address) 4022 Belle ave

15 Filed Sept 27 1926 19 H. J. Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept, 19 25, to Sept 25, 1926, that I last saw h~~er~~ alive on Sept 25, 1926, and that death occurred, on the date stated above, at 8 20 p m.

The CAUSE OF DEATH* was as follows:

Spinal sclerosis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) oedema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) J. Frederick Lentz, M. D.

Sept 26 1926 (Address) 2040 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Sept 28 1926

20 UNDERTAKER Robt Jenkins Inc

ADDRESS 1442 W. Pratt.

E 14460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14460

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 466 So. Bentalou St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Robert H. Spicknall

(Residence in Baltimore: No. 466 So Bentalou St St.; yrs....., mos....., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. Jan 5 1858
(Month) (Day) (Year)

7-AGE. 68 yrs. 8 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)..... 031

9-BIRTHPLACE, (State or Country). Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence R. Collins

(Address) 466 So. Bentalon St

15- Filed SEP 27 1926 19.. C. HAMPSON JONES, M. D. Registrar. For K.K.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 25 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

at once

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Norton M. D.
(Coroner)

Sept 26 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park	Sept 28 1926
20-UNDERTAKER.	ADDRESS
F. Jones	W. Balto

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14461

CERTIFICATE OF DEATH.

123

E 14461

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oscar C. Martinet

(a) RESIDENCE NO. 4102 Edgewood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Martinet

6 DATE OF BIRTH (month, day, and year) Oct 25 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work City Official

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Geo. H. Martinet

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER M. A. Conway

13 BIRTHPLACE OF MOTHER (city or town) Fla. (State or country)

14 Informant Son - Eugene M Martinet (Address) 320 S. Calvert St

15 Filed 2 7 1926, 19 C. MARSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-26 19 26

17 I HEREBY CERTIFY, That I attended deceased from 9-14, 1926, to 9-26, 1926, that I last saw h.. alive on 9-26, 19 26, and that death occurred, on the date stated above, at 1.40 p m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

Cholelithiasis

Hepatitis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-16-26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Thoron Hunter, M. D.

19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Sept 28 1926

20 UNDERTAKER Chas. E. Franck — ADDRESS 502 Madison Ave

Rules and instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14462

CERTIFICATE OF DEATH

46 E 14462

1-PLACE OF DEATH Hospital for Women of Md. REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bertha Josephine Kreiner

(a) RESIDENCE NO. 1500 Bolton ST. 14th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? —— yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Mythias Kreiner

6 DATE OF BIRTH (month, day, and year) Aug 18, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	37	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City (State or country)

PARENTS

10 NAME OF FATHER Fred W. Doren

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Kalbfell

13 BIRTHPLACE OF MOTHER (city or town) Germany? (State or country)

14 Informant Mr Charles Mythias Kreiner (Address) 1500 Bolton St

15 Filed SEP 27 1926 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 19 26

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15 , 1926, to Sept 25 , 1926.

that I last saw h-e alive on Sept 25 M. 1926.,

and that death occurred, on the date stated above, at 5.289 m.

The CAUSE OF DEATH* was as follows:

Sarcoma of both ovaries with generalized metastasis

(duration) yrs. 2 mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Yes Date of Sept 10, 1926

Was there an autopsy? no

What test confirmed diagnosis? Mic. Path. Sections

(Signed) W M Wilson, M. D.

, 19 (Address) Women's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL Sept 28 1926

UNDERTAKER F. B. Wippert ADDRESS 1850 N. Balto St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14463

E 14463

CERTIFICATE OF DEATH.

REGISTERED NO. 86

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Wash Blvd ST. 27-1 WARD)

2-FULL NAME Francis H Wood Jr.

(a) RESIDENCE NO. 628 Wash. Blvd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 7 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	(7)	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Francis H Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lucile

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) 628 Washington Blvd

Filed 27 1926 19 — Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Sept. 24, 1926, that I last saw him alive on Sept. 23, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Otitis Media

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Brain abscess

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchman, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Sept 27 1926

20 UNDERTAKER H. B. Kluppert ADDRESS 854 W. Balto St

Do not write on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14464

CERTIFICATE OF DEATH.

31

E 14464

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 633 W. Barre St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Goldwire (Galvanauskas)

(a) RESIDENCE NO. 633 W. Barre St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Goldwire

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....mins.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Lithuania

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country)

12 MAIDEN NAME OF MOTHER to me

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country)

14 Informant Mary Goldwire

(Address) 637 Barre

15 Filed_____ 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmon. Tuberculosis

Dur. Bron. (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. J. Riley M. D.

(Coroner)

Sept 25, 1926 (Address) 1059 Bradway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., 7 mos., ...ds. In the State.....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial 9/29 1926

20 UNDERTAKER Chas. B. Kucharuska — ADDRESS 637 Barre

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 14465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 14465

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1014 W. Lanvale St. 16-7 Ward)

2-FULL NAME Elizabeth Mollman Pfeffer

(a) RESIDENCE NO. 1014 W Lanvale St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8/1845

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Old

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Rudolph E Mollman

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A Spicker

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant Arthur M. Pfeffer

(Address) 3602 Calloway Ave

15 Filed_____ 19____ C. HAMPSON JONES, M. D. Registrar

SEP 7 1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1926, to Sept 25, 1926, that I last saw her alive on Sept 25, 1926, and that death occurred, on the date stated above, at 7.20 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Dyspepsia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Linthicum, M. D.

9/27 1926 (Address) 826 N Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Chapel Howard Co Date of Burial Sept 28 1926

20 UNDERTAKER George J Smith ADDRESS Hollins

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14466 — 47 — **E 14466**

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 Fulton Ave St. N-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Martha Jane Riley

(a) RESIDENCE NO. Home for Aged of the M. E. Church St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. ✓ mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ebenezer Riley

6 DATE OF BIRTH (month, day, and year)
April 1 - 1850

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	76	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Prince George Co. Md.

PARENTS

10 NAME OF FATHER William Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Florida Berry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs B Russell

(Address) 400 N Fulton Ave

15 Filed SEP 27 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
September 26 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from Jany 1, 1926, to September 26, 1926, that I last saw her alive on September 24, 1926, and that death occurred, on the date stated above, at 6.30a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Left Shoulder and breast (duration) 3 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) ✓ yrs. 2 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Several years ago breast removed Date of

Was there an autopsy? No.

What test confirmed diagnosis? ✓

(Signed) Geo. E. Shannon, M. D.

9/27. 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Olivet	Sept 28 1926
20 UNDERTAKER George J Smith	ADDRESS 153 [illegible]

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 14467.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14467.

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. 5-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Hodges

(a) RESIDENCE NO. 507 Lewis St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5m yrs. mos. dz. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Apr 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balt Md

PARENTS

10 NAME OF FATHER James Hodges

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Lillie Thomas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N.C.

14 Informant James Hodges

(Address) 507 Lewis St

Filed SEP 27 1926

C. HAMPSON JONES, M. D. Registrar

Per RC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro-intestinal Indigestion

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Hoen M. D. (Coroner)

9/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. Date of Burial: Sept. 27 1926

20 UNDERTAKER: Mrs J. V. Locke ADDRESS: 1302 Jefferson St

very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14468

E 1-P 14468 DEATH

Registered No.....

City of BALTIMORE: (No. 1834 McHenry St., 19-2 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Charles Earl Richardson

(a) Residence No. 1834 McHenry St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) April 7, 1926

7-AGE, ...yrs. 5 mos. 18 ds. | If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9-BIRTHPLACE (city or town) Baltimore, Md.
(State or Country), USA

PARENTS.

10-NAME OF FATHER, Emmett Earl Richardson

11-BIRTHPLACE OF FATHER (city or town) Virginia
(State or Country), USA

12-MAIDEN NAME OF MOTHER, Thelma Sibley

13-BIRTHPLACE OF MOTHER (city or town) Virginia
(State or Country),

14- (Informant) Mrs Thelma Richardson
(Address) 1834 McHenry St

15- Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar.

SEP 27 1926 Per Sept

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 25 1926

17- I HEREBY CERTIFY, That I attended deceased from September 25, 1926 to Sept. 25, 1926, that I last saw him alive on September 25, 1926, and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) —
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. T. Isaacs, M. D.

, 19 (Address) 3114 Wilkens Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt. Olivet Cemetery	Sept. 27, 1926
20-UNDERTAKER.	ADDRESS
Harry A. Witzke	1531 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002 ✓

E 14469

CERTIFICATE OF DEATH.

E 14469

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital WARD) 14-2

2-FULL NAME Vera Lee Higgs

(a) RESIDENCE NO. 1835 Lemon St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 16 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — ppl

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Jacob Higgs

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Nellie Harrison

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs Jacob Higgs (Mother)
(Address) 1835 Lemon St Balto

Filed SEP 27 1926 C. HAMPSON JONES, M. D. Registrar

Per KM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Sept 26, 1926, that I last saw her alive on Sept 26, 1926, and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Bacillary dysentery

(duration) — yrs. — mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1853 Lemon St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Louis Otto Taylor, M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept 28 1926
20 UNDERTAKER	ADDRESS
Wm Gaunt & Co Inc	1208 Eutaw Pl

TION IS very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14470

90 E 14470

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1416 N. Central Ave St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Schukraft

(a) RESIDENCE NO. 1416 N. Central Ave St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Apr 8/1841

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	85	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Ohio

PARENTS

10 NAME OF FATHER Michael Schukraft

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) B

14 Informant Richard S. Curley

(Address) 1308 N. Broadway

15 Filed.....19.....

C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 25/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Senility

(duration) .....yrs. .....mos. .....ds.

(Signed) J. C. Pace M. D.

(Coroner)

9/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. Date of Burial Sept 27 1926

20 UNDERTAKER Richard F. Curley ADDRESS 1308 Broadway.

R 9/27 1926 Pol

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14471

E 14471

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Will

(a) RESIDENCE NO. 2009 Mormonite Church ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 19th 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Shucker 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pennsylvania

(State or country) Adams Co

PARENTS

10 NAME OF FATHER Henry Will

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Germany

12 MAIDEN NAME OF MOTHER Katharine? Lower

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Germany

14 Informant Mary Will

(Address) 2017 Fleet St

15 Filed SEP 27 1926 C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25 1926

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1926, to Sept. 25, 1926, that I last saw him alive on Sept. 25, 1926, and that death occurred, on the date stated above, at 3.45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stopped Sign

(Signed) Blurred, M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Odenwald	9/28 1926
20 UNDERTAKER Geo. W. Lee & Son	ADDRESS 3 Edmondson

IMPORTANT. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 14472

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 14472

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 764 Waseche St. 4-1 Ward)

2-FULL NAME David Murray

(a) RESIDENCE NO. 764 Waseche St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md

PARENTS

10 NAME OF FATHER Simon Murray

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va

12 MAIDEN NAME OF MOTHER Fannie Stevens

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va

14 Informant Mary Bryant

(Address) 764 Waseche st

Filed 9-27 1926 THOMPSON JONES, M. D.

Per R.F. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-25 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-19, 1926, to 9-25, 1926

that I last saw him alive on 9-25, 1926,

and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonalis

(duration) Several months yrs. ___ mos. ___ ds.

18 Where was disease contracted

if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W. F. Cochran, M. D.

9-27 1926 (Address) 80 SW Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Date of Burial 9-28 1926

20 UNDERTAKER George T. Gibson ADDRESS 1735 Lang Hilton

very important. See instructions on back of certificates. Exact statement of OCCUPATION is E

Spec.—1-10-21—M&T—1500 Blks.

E 14473 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 14473

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST., Baltimore City Hospitals (T.B.) WARD)

2-FULL NAME John Zika

(a) RESIDENCE NO. 1036 N. Castle st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street cleaner

(b) General nature of Industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Zika

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Barbara Fritz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Hospital Records

(Address)

Filed SEP 27 1926 HAMPSON JONES, M. D.

Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1926, to Sept. 27, 1926, that I last saw him alive on Sept. 27, 1926, and that death occurred, on the date stated above, at 6.40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C.W. Battens, M. D.

9-27, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill

DATE OF BURIAL 9/29 1926

20 UNDERTAKER August Pasek

ADDRESS 2406 Ashland Ave

IMPORTANT—See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14474

CERTIFICATE OF DEATH.

113 E 14474

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Payson and Dukeland ST., 11th WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Parker

(a) RESIDENCE NO. 1401 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible] 24, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6 8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant

(Address)

15 SEP 27 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25 1926

17

I HEREBY CERTIFY, That I attended deceased from 8/27, 1925, to 9/25, 1926, that I last saw him alive on 9/25, 1926, and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-Colitis

(duration) yrs. mos 1 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) U. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

SEP 27 1926

TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E 14475

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14475

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Baltimore City Hospitals 26-7

CITY OF BALTIMORE: (No. Baltimore, Md. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E.Smothers Alias Lilly

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
54?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of Industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed SEP 27 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24 19 26

17

I HEREBY CERTIFY, That I attended deceased from 6-16-1913, 19, to 9-24-1926, 19, that I last saw him alive on 9-24-26, 19, and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

9/25/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

...TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14476

CERTIFICATE OF DEATH.

129 E 14476

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 N. Bradford St., 17-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. White

(a) RESIDENCE NO. 528 N Bradford St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 55 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Ellen E. White

6 DATE OF BIRTH (month, day, and year): March 18 55

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
71	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Washington D.C.

(State or country)

PARENTS

10 NAME OF FATHER: Samuel White

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Eastern Shore Md

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Not Known

14 Informant: Ellen E. White

(Address): 528 N Bradford St

15 Filed _____ C. HAMPSON JONES, M. D. Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1926, to Sept 25, 1926, that I last saw him alive on Sept 25, 1926, and that death occurred, on the date stated above, at 730 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - Chr. Constipation

(duration) ____ yrs. 5 mos. 6 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

Uremia

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? Dr. G. Geyer

What test confirmed diagnosis? ____

(Signed) 1562 N. Milton Ave., M. D.

____ . 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Cemetery	Sept 28 1926
20 UNDERTAKER	**ADDRESS**
Wm C Fullerton	2334 Eastern Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 14477.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117

E 14477.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Harry Edmond Bosley

(a) RESIDENCE NO. 4527 Belmont ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

Montebello Park.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of- Mrs Bosley.

6 DATE OF BIRTH (month, day, and year) July 30 1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER John W. Bosley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Elizabeth Stansbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co.

14 Informant Mrs C. Bosley

(Address) 4507 Belmont ave

15 Filed 27 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 24, 1926, to Sept 26, 1926, that I last saw him alive on Sept 26, 1926, and that death occurred, on the date stated above, at 5:05 p. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix -
Peritonitis.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Chronic Pneumonia,

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 9/25/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Wilson Hill M. D.

. 19 (Address) Emerson & Fort.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Sept 29 1926
20 UNDERTAKER	ADDRESS
A. B. Marshall	2539 Fall Rd.

TION is very important. See instructions on back of certificates.

Spec.--1-10-21—M&T—1500 Bks.

E 14478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14478

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Women's Hospital, Lafayette & Fremont Sts. REGISTERED NO. 4[illegible]

CITY OF BALTIMORE: (NO. 14 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Isabella Catherine Rouse

(a) RESIDENCE NO. 1511 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? Native mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
WIFE of Wm C. Rouse

6 DATE OF BIRTH (month, day, and year) Feb. 24, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Alexander Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's County, Maryland.

12 MAIDEN NAME OF MOTHER Isabella C. Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Emma V. Stoddard.

(Address) 1511 Eutaw Place, Balto.

15 Filed SEP 27 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1926, to Sept. 26, 1926, that I last saw her alive on Sept. 26, 1926, and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows: right

Carcinoma of breast, with metastasis to bones of pelvis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 3/2/26.

Was there an autopsy? No. Physical examination

What test confirmed diagnosis? Microscopic exam of tissue removed at time of operation

(Signed) Wm. Wilson, M. D. 1926 (Address) Woman's Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Sept. 29 1926

20 UNDERTAKER Hughes & Jones Inc. ADDRESS 4 & N Broadway.

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Over

E 14479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 14479

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 S. 13th St., 26 WARD)

REGISTERED NO. 2467

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine A. Mahoney.

(a) RESIDENCE NO. 623 S. 13th St., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. Mahoney.

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland. Md.

PARENTS

10 NAME OF FATHER Timothy Kennedy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Rice.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Catherine Mahoney. (Address) 623 S. 13th St.

15 Filed Sept 28 1926 C. HAMPSON JONES, M. D. Registrar

Per C.K.B.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1926, to Sept. 24, 1926, that I last saw h[illegible] alive on Sept. 23, 1926, and that death occurred, on the date stated above, at 7 45 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Fall down stairs fracturing Arm (duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? Severn Md.

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Frank A. Seletz, M. D.

Sept. 24, 1926 (Address) 3244 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Sept 28 1926
20 UNDERTAKER	ADDRESS
Cemetery	502 S. Youth Ave

(Instructions on back of certificates. This is very important. See)

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14480 E 14480

CERTIFICATE OF DEATH.

91-002

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 472 8 Park Heights Ave St. 57 Ward 19

2-FULL NAME Carrie F Joyner

(a) RESIDENCE NO. 472 8 Park Heights Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John K Joyner

6 DATE OF BIRTH (month, day, and year) July 1 1847

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Alabama

PARENTS

10 NAME OF FATHER Rev Nathaniel Knapp

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Miss

12 MAIDEN NAME OF MOTHER Ellen Lee

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ga

14 Informant Miss Emily N Joyner

(Address) 472 8 Park Heights Ave

15 Filed _____ 19___ Registrar

For _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27-1926

17

I HEREBY CERTIFY, That I attended deceased from May 12 1926 to Sept 27 1926, that I last saw h.e.r. alive on Sept 26 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral arterio Sclerosis

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

Senility (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James D Ashworth, M. D.

9-27, 1926 (Address) 4012 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charles Town, W. Va. Date of Burial Sept 29 1926

20 UNDERTAKER W. Cook ADDRESS 587 Eliott Ave

C. HAMPSON JONES, M.D.

Sept 1926

Be sure to fill in all items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14481

CERTIFICATE OF DEATH.

90 E 14481

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1103 E Pratt St., 3-1 Ward)

2-FULL NAME Konstanty Iwanozuk

(a) RESIDENCE NO. 1103 E Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE: Years 62 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): ~~Russia~~ Poland

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Stanislaus Ivanczuk Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town): Poland

(State or country)

14 Informant Mr Dimitry Ivanczuk

(Address) 1103 E Pratt St

15 Filed ..... 19 .....

SEP 27 1926 C. HAMILTON LOVE, M. D. Registrar

By RKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. E. Lady M. D.

(Coroner)

Sept 27 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus cem Date of Burial: Sept 28 1926

20 UNDERTAKER: John Malbey ADDRESS: 1803 Bank St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

(Grochownie)

E 14482

HEALTH DEPARTMENT—CITY OF BALTIMORE

143-28t

E 14482

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Mercy Hospital St. 1-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Grochownie

(a) RESIDENCE NO. 605 S. Pat St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 27-1886

7 AGE: Years 40 Months 6 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Poland
(State or country)

PARENTS

10 NAME OF FATHER: Frank Zap

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Poland

12 MAIDEN NAME OF MOTHER: Josepha Mikolajczak

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Poland

14 Informant: Michael Grochowska
(Address): 605 S. Patterson

15 Filed 1926 C. [redacted] JONES M. D.
Per [redacted] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Duration dmt Retention -
Duration fm days abortion - (natural)
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Anaemia
(duration) .....yrs. .....mos. .....ds.

Sept 27 (Signed) W J Finlay M. D.
, 1926 (Address) (Coroner) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place 20 yrs. mos. ds. In the State yrs. mos., ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial: Sept 29 1926

20 UNDERTAKER: John M Weber ADDRESS: 1803 Bank St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 14483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14483

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital 113

CITY OF BALTIMORE: (No. Fayson and Dukeland St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley Henderson

(a) RESIDENCE NO. 1003 W. 40th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23/1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	8.	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto city
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm F. Henderson

11 BIRTHPLACE OF FATHER (city or town) Stanley
(State or country) Va.

12 MAIDEN NAME OF MOTHER Bessie Foster

13 BIRTHPLACE OF MOTHER (city or town) Balto city
(State or country) Md.

14 Informant Bessie Henderson
(Address) 1003 W. 40 St

15 Filed 9 27 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/26 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/25, 1926, to 9/26, 1926.

that I last saw her alive on 9/26, 1926,

and that death occurred, on the date stated above, at 9 P M. m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-Colitis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Millman M. D.

9/26, 1926 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden — DATE OF BURIAL 9/28 1926

20 UNDERTAKER Walter Davis — ADDRESS 3307 Paine St

CAUSE OF DEATH MUST be properly classified. Exact statement of OCCUPATION may be necessary. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14484

REGISTERED NO. E 14484

1-PLACE OF DEATH

City of BALTIMORE: (No. 1712 Crystal Ave St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elsie A. Peters

(a) RESIDENCE NO. 1712 Crystal Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: white | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 26/26

7 AGE: Years | Months | Days | IF LESS than 1 day 18 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balty Md

(State or country)

PARENTS

10 NAME OF FATHER Frank Peters

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elsie A Just

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs E

(Address) 1712 Crystal Ave

15 Filed ..... 19 ..... Registrar

SEP 28 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Toxemia of pregnancy

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J H Patten M. D.

(Coroner)

19 26 (Address) 108 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL Sept 27 1926

THOMPSON JONES M D

PLEASE FILL IN ALL ITEMS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

Leionyer E McCormick

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓ E 14485

E 14485

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2327 Taylor st St. 4-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lionyer. E. Mc Cormick.

(a) RESIDENCE NO. 2327 Taylor st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John. E. McCormack.

6 DATE OF BIRTH (month, day, and year): June 12 1887

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	39	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Alexander. Va.

PARENTS

10 NAME OF FATHER: William Pettit

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Alexander. Va.

12 MAIDEN NAME OF MOTHER: L. E. Pettit

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Alexander. Va.

14 Informant: Miss Sarah. V. McCormick.

(Address) 2327. Taylor st.

15 Filed ....., 19.... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): SEP 26 1926

17

I HEREBY CERTIFY, That I attended deceased from AUG 19 1926, 19...., to SEP 25 1926, 19....,

that I last saw h.. l. alive on SEP 25 1926, 19....,

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Dilated heart, ulcer of Endocardium

(duration) 1 yrs. X mos. 1 ds.

CONTRIBUTORY (Secondary) Secondary Anemia with prolonged menstruation

(duration) 1 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) O. P. Duker, M. D.

(Address) 928 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial Sept 27, 1926

20 UNDERTAKER: Geo. J. Ruth ADDRESS 1735 Harford ave.

SEP 28 1926 C. HAMPSON JONES, M. D.

Fill out in pencil, if desired, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14486

CERTIFICATE OF DEATH.

1484 E 14486

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH :

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-2 WARD)

2-FULL NAME Mrs Margaret Hartman

(a) RESIDENCE NO. 971 N. Chester ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William - J. Hartmann

6 DATE OF BIRTH (month, day, and year) Aug. 22 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20	1	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER August Mank.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Eve Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Eve Mank.

(Address) 963 N. Chester

15 Filed SEP 28 1926, 19 Per R. H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-25, 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-24- , 1926 , to 9-25. , 1926 ,

that I last saw h Or alive on 6:45 Am 9-25. 1926 ,

and that death occurred, on the date stated above, at 6:45. Am.

The CAUSE OF DEATH* was as follows:

(1) Post Partum Eclampsia,

(duration) 11 yrs hours mos ds.

CONTRIBUTORY (Secondary) 1/4 per Cussion,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically.

(Signed) Harry Weintraub, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery.	Sept 28 1926
20 UNDERTAKER	ADDRESS
Geo. - J. Pfeil	1735 Harford Ave.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14487
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

188-003

E 14487
REGISTERED NO.

City of BALTIMORE: (No. St. Joseph Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Derkins

(a) RESIDENCE NO. 1011 E. Madison St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Derkins

6 DATE OF BIRTH (month, day, and year) May 9/1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Rosie Dorsey (Niece)
(Address) 1011 E. Madison St.

15 Filed C. HARRISON JONES, M. D.
FEB 28 1926 Per K.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Sep24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull-Accidently struck by automobile on E. Madison nr Ensor. Sts.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. Smith Wilson M. D.
(Coroner)

9/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem. Date of Burial Sept 28 1926

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1720 Ashland av.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14488 E 14488

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia. Jones.

(a) RESIDENCE NO. 908 N. Eutaw ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Jones

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House. Maid.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Joseph Race

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Julia Hampton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Carl Jones

(Address) 1016 Madison Ave

15 Filed SEP 28 1926 19 C. HAMPSON JONES, M. D. Registrar Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/20 , 1926 , to 9/27 , 1926 ,

that I last saw her alive on 9/27 , 1926

and that death occurred, on the date stated above, at 2:00 a. m.

The CAUSE OF DEATH* was as follows:

Aortitis,

Myocarditis.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? clinical.

(Signed) A. L. McAnally, M. D.

(Address) 9/27 , 1926 St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dowlers Wlf. Va DATE OF BURIAL Sept 28 1926

20 UNDERTAKER Emmett H. Hensley ADDRESS 518 N Eutaw

Cor.—12-9-25—A Co.—200 llks.

Ford.

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 14489

CERTIFICATE OF DEATH.

E 14489

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Emmitt Hospital St., 461 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace Fort

(a) RESIDENCE NO. 1113 Longwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Sing'l

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 24 1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Park Co

(State or country)

PARENTS

10 NAME OF FATHER Horace Fort

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bradford Ind

12 MAIDEN NAME OF MOTHER Anna Richard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bedford Ind.

14 Informant Anna Fort

(Address) 1113 Longwood

15 Filed SEP 28 1926 C. H. THOMPSON JONES, M. D. Registrar Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, au-

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intussusception

Ileum

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) 9 hrs. .....mos. .....ds.

(Signed) Samuel A Graham M. D.

(Coroner)

, 19 26 (Address) 3325 Eutaw Pk.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial: Sept 28 1926

20 UNDERTAKER: John J Fulks ADDRESS: 1200 N Fulton Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14490

CERTIFICATE OF DEATH.

E 14490

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1117 N Mount ST. 16-6 WARD)

2-FULL NAME Robert Ehrander Rodgers

(a) RESIDENCE. NO. 1117 N Mount ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma Rodgers

6 DATE OF BIRTH (month, day, and year) 9-13-86

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer D & S. Cullen

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER Henry Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know

14 Informant (Address) Wife Thelma Rodgers

15 Filed SEP 28 1926, 19... Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 16, 1926, to Sept 26, 1926.

That I last saw her alive on Sept 23, 1926.

and that death occurred, on the date stated above, at 7:45 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bay McCleary M. D.

9/28/26 (Address) 1117 N Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn cemetery	Sept 28 1926

20 UNDERTAKER Mrs Jas H. Dennis per T. E. Kelson

ADDRESS 1303 Pennsylvania Ave

THIS is very important. See instructions on back of certificates. Be careful, legible. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14491

CERTIFICATE OF DEATH.

E 14491

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Ephriam

(a) RESIDENCE NO. 2103 Callow Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 19 1921

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
4	11	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank J. Ephraim

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Esther Barr

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Mr. Frank J. Ephraim

(Address) 2103 Callow Ave

15 Filed SEP 28 1926 19 C. MARION JONES, M. D.

Per R.C. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 26/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Poleomyelitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Pole M. D.
(Coroner)

9/28/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem. Date of Burial 9/28/1926

20 UNDERTAKER Baird Londheim ADDRESS 1418 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 14492 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 **E 14492**

REGISTERED NO.

1-PLACE OF DEATH Albion Hotel

CITY OF BALTIMORE: (No. 900 Cathedral St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adele Powers

(a) RESIDENCE NO. 900 Cathedral St ST., WARD Detroit
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Powers

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Margaret A. Ward
(Address) 602 Gutman Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1926, to Sept 26, 1926, that I last saw her alive on Sept 24, 1926, and that death occurred, on the date stated above, at abt 7 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ? yrs. ? mos 15 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical clinical symptoms

(Signed) Chas C Judd, M. D.

, 19 (Address) 222 Madison Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shipped to Detroit Mich

DATE OF BURIAL 9/28 1926

20 UNDERTAKER Henry W Jenkins Son Co

ADDRESS Orchard & McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 28 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14493

CERTIFICATE OF DEATH.

113 E 14493

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2026 Bank st. 2-1 Ward)

2-FULL NAME Margaret Tokarski

(a) RESIDENCE NO. 2026 Bank st St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. - 1925

7 AGE: Years | Months: 9 | Days: 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: William

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): _____

12 MAIDEN NAME OF MOTHER: Frances Gratowski

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Baltimore

14 Informant: Mrs Tokarski

(Address): 2026 Bank St.

15 Filed SEP 28 1926 C. HAMPTON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 27. 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 26 19 26 to Sept 27 19 26

that I last saw h.. alive on Sept. 27 19 26

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Ryan M. D.

19 (Address) 80 Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Sepulchre Date of Burial: Sept 28 1926

21 UNDERTAKER: F. H. Ozazewski ADDRESS 1930 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

179

E 14494
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 14494
REGISTERED NO.

City of BALTIMORE: (No. Lower Balto. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter E. Severn

(a) RESIDENCE NO. 1462 William Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/9/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	13	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto.

PARENTS

10 NAME OF FATHER Walter Severn

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto

12 MAIDEN NAME OF MOTHER Alice Harlan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto

14 Informant Alice Severn
(Address) 1462 William

15 Filed SEP 28 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns accidental
Pneumonia
CONTRIBUTORY (Secondary)

Sept 26 1926 (Signed) W. F. Price (Coroner)
(Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial 9 27 1926

20 UNDERTAKER Pahlert ADDRESS 1315 Light St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14495

CERTIFICATE OF DEATH.

109-002

E 14495

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Bailey

(a) RESIDENCE No. 821 Clancy St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Oct. 1, 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43-	5	23-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant

(Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 27. 1926. to Sept. 24 1926.

that I last saw h[illegible] alive on Sept. 24, 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis

Duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL SEP 29 1926 19

20 UNDERTAKER: Commissioner Health

ADDRESS

SEP 28 1926 C. [illegible] JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-27 M&T 1500 Blks.

E 14496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 14496

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals C. T. 15-13 WARD)

2-FULL NAME Baby Green

(a) RESIDENCE NO. 1340 Woodyear St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-25-26

7 AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ———

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Raymond Green

11 BIRTHPLACE OF FATHER (city or town)
(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Lila Herriott

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) South Carolina

14 Informant Hospital Records
(Address)

15 Filed SEP 28 1926 WILLIAMSON JONES, M. D. Commissioner of Health
Per R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-9-26, 1926, to 9-26, 1926
that I last saw him alive on 9-26 .55 A.M., 1926
and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted ———
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M E Gallus, M. D.

, 19 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

SEP 28 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14497

CERTIFICATE OF DEATH.

44

E 14497
REGISTERED NO.

1-PLACE OF DEATH

2-1

CITY OF BALTIMORE: (No. 244 S.Washington ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME CASIMIR DURACZYK,

(a) RESIDENCE NO. 244 S.Washington ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Duraczyk,

6 DATE OF BIRTH (month, day, and year) **** 1864.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer, 046

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER Thomas Duraczyk,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Peternallia------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Mrs.Mary Duraczyk,(Wife)
(Address) 244 S.Washington Street

15 Filed SEP 28 1926, 19 C. HARRISON JONES, M. D. Registrar
By K/C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Sept 27, 1926,
that I last saw h l alive on Sept 27, 1926,
and that death occurred, on the date stated above, at 8.00 a m.
The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. A. Kulawska, M. D.
, 19 (Address) 421 S Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St.Stanislaus Cemetery	9/30/26.
20 UNDERTAKER M. F. Sadowski,	ADDRESS 705 S.Ann St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 14498 Todd.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14498

E 14498

CERTIFICATE OF DEATH.

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3700 Belle Ave ST. 15-1 WARD)

2-FULL NAME Edward Daily Todd

(a) RESIDENCE NO. 3700 Belle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single~~, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E Todd

6 DATE OF BIRTH (month, day, and year): Aug 28 1851

7 AGE: Years 75 Months X Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 61

(b) General nature of industry, business, or establishment in which employed (or employer): Police Dept

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Caroline Co Md.

PARENTS

10 NAME OF FATHER: John E Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah E Todd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): John E. Todd Easton Md

15 Filed SEP 28 1926 Per A.K. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1926, to Sept. 27, 1926, that I last saw h alive on Sept. 27, 1926, and that death occurred, on the date stated above, at 12-50 p. m.

The CAUSE OF DEATH* was as follows:

Cardio vascular hypertension

(duration) many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed George M Gebbe M. D.

9/28 1926 (Address) 7438 Maryland Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Talbot Co. Md. DATE OF BURIAL: Sept 29 1926

20 UNDERTAKER: Putnam W. Gore ADDRESS: 1923 N Lafayette Ave

CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 14499 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14499

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 10-3 Ward)

2-FULL NAME Mrs. Margaret O'Brien.

(a) RESIDENCE No. 2019 Booth St. City. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 148

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John O. Brien

6 DATE OF BIRTH (month, day, and year) Aug. 26 - 1886

7 AGE Years 40. Months 1 Days If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Fitzgeffows

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Eliz O. Brien

(Address) 2015 Booth St City

15 Filed SEP 8 1926 C. THOMPSON JONES, M.D. Registrar

By RCK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-26 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-26, 1926, to 9-26, 1926

that I last saw h alive on 9-26, 1926

and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Puerperium

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Theron Reuter, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 9-29 1926

20 UNDERTAKER H. Brauning Son

ADDRESS 517 W Belvedere St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14500

CERTIFICATE OF DEATH.

90

E 14500

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE, (No. W. Mchen E Pk Ave. St. 136 Ward)

2-FULL NAME Elizabeth A. Egan

(a) RESIDENCE NO. 242 Lyndale Ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None.

6 DATE OF BIRTH (month, day, and year): Feb. 16 - 1867

7 AGE: Years 59 Months 6 Days 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Westernport (State or country) Md.

PARENTS

10 NAME OF FATHER: Michael Egan

11 BIRTHPLACE OF FATHER (city or town): (State or country) Scotland.

12 MAIDEN NAME OF MOTHER: Mary McDade

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Ireland

14 Informant: Brotherinlaw Mr. Frank P. Martin (Address) 507 Mosher St.

15 Filed: C. HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry but (Inquest, autopsies or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

Sept 26 1926 (Signed) C. E. Gladden M. D. (Coroner) (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial Sept 29 1926

20 UNDERTAKER: Martin Fahey & Bros. ADDRESS 1827 W. North Ave

OF DEATH in plain terms, so that it may be properly classified. Age should be stated in every case, even if only a few hours or days. Name of disease alone is not sufficient or very important. See instructions on back of certificate.

28 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14501 E 14501

CERTIFICATE OF DEATH.

14501

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Rayner Ave ST., ... WARD)

2-FULL NAME Emma Eugenia Shilton

(a) RESIDENCE NO. 3006 Rayner Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua E. Shilton

6 DATE OF BIRTH (month, day, and year) Mar 2-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	66	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, md.

PARENTS

10 NAME OF FATHER Lehan W. Shirey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. md.

12 MAIDEN NAME OF MOTHER Elizabeth Shirey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs John H. Shilton

(Address) 326 N. Helena Ave

15 Filed ..... 19.. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1926

17 I HEREBY CERTIFY That I attended deceased from June 2, 1926 to Sept 26, 1926

that I last saw her alive on Sept 26, 1926

and that death occurred, on the date stated above, at 8.20 a. m.

The CAUSE OF DEATH* was as follows: General Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Exhilaration of Heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms.

(Signed) John A. Shaffer M. D.

9/27, 1926 (Address) 1219 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept 29 1926

20 UNDERTAKER Wm Cook

ADDRESS 501 E Pratt St

SEP 28 1926

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 14502 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14502

CERTIFICATE OF DEATH.

8-3 57

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 2301 E. Oliver St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helena Linke

(a) Residence No. 2301 E. Oliver St, Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S., if of foreign birth? 51 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.)
female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Linke

6-DATE OF BIRTH (month, day and year) Feb 5, 1861

7-AGE, 65 yrs. 7 mos. 21 ds. If LESS than 1 day, ... hrs. or ... mins.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... housework at home
(b) General nature of Industry, business, or establishment in which employed (or employer)..... 037
(c) Name of employer.....

9-BIRTHPLACE (city or town)..Hessen (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Roeser

11-BIRTHPLACE OF FATHER (city or town) Hessen (State or Country), Germany.

12-MAIDEN NAME OF MOTHER, Elizabeth Buchanauer

13-BIRTHPLACE OF MOTHER (city or town) Hessen (State or Country), Germany.

14-
(Informant) Mrs. Anna C. Ford
(Address) 1827 N. Castle St.

15-Filed SEP 28 1926 19.. C. HAMPSON JONES, M. D. Per ARH Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 26, 1926

17- I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1926 to Sept. 26, 1926 that I last saw her alive on Sept. 26, 1926 and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

diabetes mellitus, chronic nephritis, hypertension, cerebral hemmorhage —
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure
(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? usual tests —

(Signed) George A. Kupp M. D.

, 19 (Address) 1002 W. Lanvale St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19..
Baltimore Cemetery	Sept 27 26
20-UNDERTAKER, Wm Cook	ADDRESS 502 E North Ave

0822

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 14503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14503

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH West Balto. Gen Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Raymor Ave & Dukeland ST., 15-✓ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Babe Boy Harrington

(a) RESIDENCE NO. 3704 Edgewood Rd, ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1d ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/12/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				2

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Mr Earl Harrington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio.

12 MAIDEN NAME OF MOTHER Ruth Honeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant W B. General Hospital Records
(Address)

15 Filed SEP 28 1926 C. HAMPSON JONES, M. D. Registrar
Per CKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 28, 1926, to Sept 28, 1926,

that I last saw him alive on Sept 28, 1926,

and that death occurred, on the date stated above, at 3:00 A- m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) ~~Congenital debility~~

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Howard D Jensen M. D.

9/28/1926 (Address) W B. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden DATE OF BURIAL Sept 29, 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14504

E 14504

CERTIFICATE OF DEATH.

113

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 431 Frankmore ave St., 27 Ward)

2-FULL NAME Joseph Wallenstein

(a) RESIDENCE NO. 431 Frankmore ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 7/8 How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30 - 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Herman Wallenstein

11 BIRTHPLACE OF FATHER (city or town) New York

(State or country)

12 MAIDEN NAME OF MOTHER Regina Teghman

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant Herman Wallenstein

(Address) 431 Frankmore Ave

15 Filed ..... 19 .... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28 19 26

17

I HEREBY CERTIFY, That I attended deceased from Sept. 27 19 26 to Sept. 28 19 26, that I last saw him alive on Sept. 28 19 26, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(duration) .... yrs. .... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) .... yrs. .... mos. 6 hrs. ds.

18 Where was disease contracted

If not at place of death? ....

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinically

(Signed) Fred Zmuda, M. D.

, 19 (Address) 11 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — Date of Burial 9/28 19 26

20 UNDERTAKER Jack Levin — ADDRESS 1439 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 28 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14505

CERTIFICATE OF DEATH.

135 E 14505

REGISTERED NO.

1-PLACE OF DEATH South Balt. Gen. Hospital

City of BALTIMORE: (No. 1213 West Pr. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Brown

(a) RESIDENCE NO. 723 Virginia Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Brown

6 DATE OF BIRTH (month, day, and year) Apr 20 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Moulding Dept

(c) Name of employer: B & O

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER: Wm Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Sarah Poe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant: Wm L Brown

(Address) 1213 West Pratt St

15 Filed SEP 28 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

September 27, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1926, to Sept. 27, 1926,

that I last saw h.... alive on Sept. 27, 19....,

and that death occurred, on the date stated above, at 4 ....m.

The CAUSE OF DEATH was as follows:

Hypostatic pneumonia

(duration) ? yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Embolism

Lung (duration) ....yrs. ....mos. 4 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Yes Date of Aug 12 ?

Was there an autopsy? No

What test confirmed diagnosis!

(Signed) C. H. Drapeau, M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — Date of Burial 9/29 19 26

20 UNDERTAKER: Geo E Kelly — ADDRESS: Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DISEASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14506

CERTIFICATE OF DEATH.

31 E 14506

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 N. Montford Ave. St. 6-3 Ward)

2-FULL NAME Anna Ely

(a) RESIDENCE NO. 9 N. Montford St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Ely

6 DATE OF BIRTH (month, day, and year) June 21 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Justus Roth

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant William T. Ely

(Address) 9 N. Montfoid Ave

SEP 28 1926 C. MAMSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 22d 1926, to Sept 27th 1926, that I last saw he alive on Sept. 27th 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman J. Gerring, M. D.

Sept 28 1926 (Address) 1900 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Sept 30 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Fleet St.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 14507.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14507.

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospl. St. 19-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Green.

(a) RESIDENCE No. 1205 Edmondson Ave St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 16 1865

7 AGE — Years: 61 Months: 2. Days: 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Alexandria (State or country) Va.

PARENTS

10 NAME OF FATHER James Green.

11 BIRTHPLACE OF FATHER (city or town) Alexandria (State or country) Va.

12 MAIDEN NAME OF MOTHER Anna Harris

13 BIRTHPLACE OF MOTHER (city or town) Alex- (State or country) Va.

14 Informant: Self

(Address)

15 Filed SEP 28 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/28 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/20, 1926, to 9/28, 1926,

that I last saw her alive on 9/28, 1926

and that death occurred, on the date stated above, at 10:20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma - diffuse (primary coming from Breast left)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos 1 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 9/25/26 Laparotomy

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Dwight Anderson, M. D.

, 19 (Address) 1211 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Alexandria, Va. DATE OF BURIAL: Sept 30 19 26

20 UNDERTAKER: Wm J. Tuckerton ADDRESS: [illegible]

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-27—M—500 Blks.

1926 5 14 6

E 14508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14508

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Bosmath

(a) RESIDENCE NO. ..... Garrett, Ind. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10 1925

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Indiana -

PARENTS

10 NAME OF FATHER Gerald Bosmath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Amy Coxon.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 28 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1926 to Sept. 28, 1926, that I last saw he alive on Sept. 28, 1926, and that death occurred, on the date stated above, at 8 45 a.m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept. 4, '26

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Ferdinand Lee, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Delphi Indiana	Sept 28 26
20 UNDERTAKER	ADDRESS
William Schaffer	816 Monument

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14509

E 14509

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 16-4 57

City of BALTIMORE: (No. 1825 Mosher St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malcolm W. Jordan

(a) RESIDENCE NO. 1825 Mosher St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 26-1869

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	57	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief of Salvage Corps

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk

(State or country) Va.

PARENTS

10 NAME OF FATHER Samuel F. Jordan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary M. Veazey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Harriett V. Sullivan

(Address) Annapolis, Md.

15 Filed 28 1926 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

September 25 - 1926.

17

I HEREBY CERTIFY, That I attended deceased from Aug 28, 1926, to Sept. 25, 1926, that I last saw h. alive on Sept. 25, 1926, and that death occurred, on the date stated above, at 9:15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) ....yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus + interstitial nephritis (duration) 3 or 4 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. B. Bamman Hood, M. D.

9/27, 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Cemetery Sept. 29 1926

20 UNDERTAKER — ADDRESS

Wm. C. Hack 927 N. Broadway

THIS IS A PERMANENT RECORD. Every item must be written in ink, WHEN LEGIBLE, WITH UNFADING INK—THIS IS ABSOLUTELY ESSENTIAL. Information should be stated EXACTLY. PHYSICIANS should be stated CAREFULLY. AGE should be stated in YEARS, MONTHS and DAYS. DATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 14510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 14510

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 5527 Reisterstown Rd Ward)

2-FULL NAME Jennie Bentz

(a) RESIDENCE NO. 5527 Reisterstown Rd St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 29 1906

7 AGE: 19 Years | Months: 11 | Days: 27 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: None

9 BIRTHPLACE (city or town):

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm H. Bentz

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Jennie Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md

14 Informant: Mrs Wm Arndt.

(Address): 5527 Reisterstown Rd

15 Filed 19 C. THAMPSON JONES, M. D. Registrar

Per

2 8 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 26. 1926

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1926, to Sept 26, 1926

that I last saw her alive on Sept 26, 1926,

and that death occurred, on the date stated above, at 3.45 P.m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis, 1 Chronic Endocarditis 2 +

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Tonsilitis + Acute Rheumatism

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Clinical

(Signed) C. D. Lunar, M. D.

9-27, 1926 (Address) 5106 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial: Sept. 29 1926

20 UNDERTAKER: Margaret A. Flynn ADDRESS: 1422 Light St.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Fks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14511

CERTIFICATE OF DEATH.

44 E 14511

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3417 Gallaway St., 15-4 Ward)

2-FULL NAME Marie Plantz

(a) RESIDENCE NO. 3417 Gallaway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip A Plantz

6 DATE OF BIRTH (month, day, and year): Nov 23rd 1849

7 AGE: Years 76 Months 10 Days 3 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Bauer

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): 3417 Gallaway St

15 Filed 9/28/1926 Registrar

C. THOMPSON JONES M. D.

Hour of Death 2 A. M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 10 1926 to Sept 25 1926, that I last saw h.. alive on Sept 25 1926, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gall Bladder & Liver

(duration) 1 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of Aug 21-26

Was there an autopsy? No

What test confirmed diagnosis? Pathological & Clinical

9/28, 1926 (Signed) A Keller Hennig, M. D.

(Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Sept 27th 1926

20 UNDERTAKER: H. B. Wisheart ADDRESS 1850 W Baltimore St

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 14512

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14512

CERTIFICATE OF DEATH.

37-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Percy Curry

(a) RESIDENCE No. 1632 Baker St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant City Hospital Records (Address)

15 Filed SEP 29 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 26 1926

17

I HEREBY CERTIFY, That I attended deceased from September 20, 1926, to September 26, 1926, that I last saw him alive on September 26, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general Laboratory

(Signed) R. Hoopes Smith, M. D.

Sept 27, 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Sept 29, 1926
20 UNDERTAKER Daniel Easton	ADDRESS 1916 Eager

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14513

CERTIFICATE OF DEATH.

32 E 14513

REGISTERED NO.....

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernett Markel.

(a) RESIDENCE NO. 4 N. Spring ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	2			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Wm Markel

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Rebecca Cummings.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .....

C. HAMPSON JONES, M. D. Registrar

SEP 29 1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-25 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-24, 1926, to 9-25, 1926, that I last saw him alive on 9-25, 1926 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Spinal fluid. Autopsy

(Signed) I. Ridgeway Trimble M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS
JOHNS HOPKINS HOSPITAL	

AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-3-M&T—500 Blks.

1954 1 A 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 14514

E 14514

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. 14-1

CITY OF BALTIMORE: (No. ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Glascoe

(a) RESIDENCE NO. 515 Mount ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1912

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establisbment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Henry Glascoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 29 1926 19 C. MAMPSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1926, to Sept. 24, 1926,

that I last saw h e alive on Sept. 24, 1926,

and that death occurred, on the date stated above, at 5:35 P. m.

The CAUSE OF DEATH* was as follows:

interocolitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Prematurity, syphilis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? at home,

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Wasserman ++++

(Signed) Thomas Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14515

CERTIFICATE OF DEATH.

205 E 14515

1-PLACE OF DEATH

City of BALTIMORE: (No. 421 D. Chester St., VI Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter J. Cornell

(a) Residence No. 421 D. Chester St., 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) ~~Married~~ Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 9/26/26

7-AGE. ... yrs. ... mos. 1/2 ds. If LESS than 1 day, ... hrs. or ... min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Walter D. Cornell

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balt.

12-MAIDEN NAME OF MOTHER, Emma May Cornell

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Walter D. Cornell

(Address) 421 D. Chester St

15- Filed SEP 29 1926, 192 ... C. THOMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9/28/26

17- I HEREBY CERTIFY, That I attended deceased from Sept 26th, 1926, to Sept 28, 1926, that I last saw him alive on Sept 27th, 1926 and that death occurred, on the date stated above, at 6 A, m.

The CAUSE OF DEATH* was as follows:

Not Known, parents awakened and found child dead in bed

(Natural Causes.)

(Duration) ... yrs. ... mos. 1½ ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) N. Wright M. D

9/28/1926 (Address) 1011 D. Edmondson Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery — DATE OF BURIAL. Sept 29, 1926

20-UNDERTAKER. Lilly & Zeiler — ADDRESS 403 S Wolfe St.

(over)

Should be carefully supplied. See that it may be properly classified. in plain terms, so that instructions on back of certificates. Exact statement of OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14516

CERTIFICATE OF DEATH.

E 14516

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Charles H. Baker

(Residence in Baltimore: No. 1928 Hollins St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

6-DATE OF BIRTH. June 2nd 1851
(Month) (Day) (Year)

7-AGE. 75 yrs. 3 mos. 25 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Scale Maker
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. J. Carter

(Address) 1928 Hollins St.

15-
Filed SEP 29 1926 19..
Per R K. Registrar.

E. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 27th 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Fractured left Pelvic Ruptured Bowels Shock Instantaneous 3 days 16 hrs

CONTRIBUTORY (Secondary) Struck by Auto (Duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Horton M. D.

Sept 28th 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto. Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. London Park Cem. DATE OF BURIAL. Sept 30th 1926

20-UNDERTAKER. Geo. Leinbach & Son. ADDRESS 647 W. Pratt St.

To state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14517.

CERTIFICATE OF DEATH.

90 E 14517.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 869 W Lexington St. 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Faulcon

(a) RESIDENCE NO. 869 W. Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER George Faulcon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Martha Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Gertrude Sturdiff

(Address) 869 W. Lexington St

15 Filed ..... 19 .....

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Pelvis, Fall

(duration) Instantaneous mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel Staub M. D.
(Coroner)

, 19 26 (Address) 3323 Pall Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Zion Cemetery	Sept 29 1926
20 UNDERTAKER	**ADDRESS**
Mrs. Kate R. Williams	322 N. Schroeder St

SEP 29 1926 C. REGISTRAR OF VITAL STATISTICS

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14518

CERTIFICATE OF DEATH.

90 E 14518

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No._____ St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wright

(a) RESIDENCE NO. 519 North Parish St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Va

14 Informant City Hospital Records

(Address)

15 Filed SEP 29 1926 19 Per C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 25 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 25, 1926, that I last saw h.e alive on September 25, 1926, and that death occurred, on the date stated above, at 4.20P m.

The CAUSE OF DEATH* was as follows:

Hypertension, Cerebral Left Hemiplegia

Thrombosis

Chronic Myocarditis Myocardial Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Poole Smith, M. D.

Sept 27 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — Date of Burial Sept 29 1926

20 UNDERTAKER Katie R. Williams — ADDRESS 322 N. Schroeder St

tion should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificates.

ted EXACTLY. PHYSICIANS should state CAUSE fy classified. Exact statement of OCCUPATION is ates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14519

CERTIFICATE OF DEATH.

129 E 14519

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2028 Jefferson St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Hicks

(a) Residence No. 2028 Jefferson St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: ~~Male~~ Female

4-COLOR OR RACE: White

5-~~Single~~, Married, ~~Widowed~~ or Divorced, (Write the word.) Widowed

5a-If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph F. Hicks

6-DATE OF BIRTH (month, day and year) 1. 18. 57

7-AGE, 69 yrs. 8 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto
(State or Country), Md.

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) Germany
(State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) Germany
(State or Country),

14-Informant Mrs Julia Lorberd

(Address) 2028 Jefferson str

15-Filed SEP 29 1926, 19.. HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 9.28.26.

17-I HEREBY CERTIFY, That I attended deceased from September 27th 26, to September 28th 26

that I last saw h.. alive on September 27th 26

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral Hemorrhage

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles H. A. Meyer M. D.

Oct. 1 1926 (Address) 1031 N. Caroline str

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Holy Redeemer — DATE OF BURIAL, Oct 1st 1926

20-UNDERTAKER, Geo M. Smith & Son — ADDRESS 810 Wolfe

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14520

E 14520

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 16-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Boehm

(a) RESIDENCE NO. Lowney Lane & Phila St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlotte Boehm

6 DATE OF BIRTH (month, day, and year): Feb 1, 1873

7 AGE: Years 53 Months 7 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: John Boehm

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs Barbara Schlagrouge

(Address): Hamilton

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Sept 27- 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH was as follows:*

Auto Accident

Fracture of Skull

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Shock

(Duration) ..... yrs. ..... mos. ..... ds.

Signed: J E Gladd M. D.

(Coroner)

(Address) 1543 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: Sept 30 1926

20 UNDERTAKER: Louis Heemann ADDRESS: 3256 Broadway

SEP 29 1926 C. TAX

Per

(Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14521

CERTIFICATE OF DEATH.

1825 E 14521

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Curtis Bay Coal Pier. St. 25-11 Ward)

2-FULL NAME Cyril Matis.

(a) RESIDENCE NO. Jugo, Slavakia. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred __yr.___mos.__d. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25.	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) S/SDubravka.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Jugo, Slavakia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Do not know.

14 Informant Police Report, S.D.

(Address)

15 Filed SEP 29 1926 HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Drowned Sep. 24, 1926 body found Sep. 26, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning

Accidental fall from a hawser of S/S Dubravka. (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) _____ (duration) ...yrs. ...mos. ...ds.

(Signed) Otto Leinhardt M. D. (Coroner)

9/29/26 (Address) 1017 E. Chadles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death...yrs.,...mos.,...ds. In the State...yrs.,...mos.,...ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial Sept 29 1926

20 UNDERTAKER A.A. Co. ADDRESS John F. Denny 715 Light St

(be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Should be carefully supplied. AGE

Spec.—1-10-21—M&T—1500 Bks.

E 14522 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14522

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes. Hosp. ST. 16-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Gertrude Krogers.

(a) RESIDENCE NO. 3016 Greyson St. City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Krogers.

6 DATE OF BIRTH (month, day, and year) May 26-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	56	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jos. Weigmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Anna M. Debus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Michael Krogers (Address) 3016 Greyson St City

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1926, to Sept. 28, 1926, that I last saw her alive on Sept. 28, 1926, and that death occurred, on the date stated above, at 8:50 P. m.

The CAUSE OF DEATH* was as follows:

General Peritonitis
Diabetes Mellitus
Chronic Nephritis
(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Ruptured Appendix
(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept. 27, 26

Was there an autopsy? No

What test confirmed diagnosis? Operation & Tests

(Signed) J. Theron Hunter, M. D.

9/28 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 10/2 1926

20 UNDERTAKER D. F. Mc Cully

ADDRESS 1308 E. Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 **E 14523**

E 14523

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 622 N. Dallas St., 7-1 Ward)

2-FULL NAME Lillian Wyche

(a) RESIDENCE NO. 622 N. Dallas St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Guy Wyche

6 DATE OF BIRTH (month, day, and year): Unk

7 AGE: Years 28; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic service

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Trenton

(State or country): N.C.

PARENTS

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town):

(State or country): N.C.

12 MAIDEN NAME OF MOTHER: unk.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): N.C.

14 Informant: Guy Wyche

(Address) 622 N. Dallas St

15 Filed..... 19.....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/28 1926

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1926, to Sept. 28, 1926, that I last saw h.. alive on Sept. 25, 1926 and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of Rectum (duration) ..... yrs. 10 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Youngman, M. D.

9/28 1926 (Address) 1019 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Goldsboro N. C — Date of Burial 9/30 1926

20 UNDERTAKER: Byron Wright — ADDRESS 1218 McElderry St.

FEB 20 1926 C. HARRISON JONES, M.

be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 14524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14524

60-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Crawley

(a) RESIDENCE NO. 1021 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col	Married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sandy Crawley

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. H.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va -

PARENTS

10 NAME OF FATHER Randall Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Henrietta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 29 1926 C. 19 C. P. A. PERSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24 1926

17

I HEREBY CERTIFY, That I attended deceased from September 23, 1926, to September 24, 1926, that I last saw her alive on September 24, 1926, and that death occurred, on the date stated above, at 7 20 A m

The CAUSE OF DEATH* was as follows:

Hyperthyroidism.

(duration) yrs. 6 mos 14 ds.

CONTRIBUTORY (Secondary) Auricular fibrillation.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical.

(Signed) Louis C. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 9/29 1926

20 UNDERTAKER Byron Wright

ADDRESS 1213 McCulloh St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

614525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14525

CERTIFICATE OF DEATH.

133

1-PLACE OF DEATH Hospital for the Women of Maryland

REGISTERED NO. 753

CITY OF BALTIMORE: (No. John & Lafayette ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Olga Tschaks

(a) RESIDENCE NO. 2340 Washington Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Tschaks

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, 16 hrs. or 5 min.
	48	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work & store-keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery store

(c) Name of employer John Tschaks

9 BIRTHPLACE (city or town) (State or country) Latvia (Russia!)

PARENTS

10 NAME OF FATHER David Neubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Latvia

12 MAIDEN NAME OF MOTHER Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Latvia

14 Informant (Address) John Tschaks 2340 Washington Blvd.

15 Filed SEP 29 1926, 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1926, to Sept 27, 1926,

that I last saw her alive on Sept 27, 1926,

and that death occurred, on the date stated above, at 4:05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary embolus.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Operation for cystocele.

Did an operation precede death? Yes - Date of Sept. 17, 1926

Was there an autopsy? No!

What test confirmed diagnosis? No

(Signed) F. H. Krouse., M. D.

, 19 (Address) Women Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Sept 30 1926

20 UNDERTAKER Jos Jacobs & Son ADDRESS 2178 Pen

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

1926 E 14526.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 14526

CERTIFICATE OF DEATH.

REGISTERED NO. 113

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 15-13 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Orendell Randall

(a) RESIDENCE NO. 1301 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: col

5 Single, ~~Married~~, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 16 -26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	0	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Randall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Mappie Attaway

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed 9-28-1926 19 C. KAMPSON JONES, M. D. Registrar

By RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 23rd, 1926, to Sept 27, 1926, that I last saw her alive on Sept 27, 1926, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute gastro intestinal indigestion

Secondary anaemia

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Otitis media, Secondary pneumia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thomas W Cornwall, M. D.

9-28, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Sept 29 1926

20 UNDERTAKER: Sam W Carse & Son

ADDRESS: 400 Mad[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 14527. HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 14527.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 S. Durham ST. 2-1 WARD)

2-FULL NAME John. Blachowicz

(a) RESIDENCE NO. 411 S. Durham ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 14 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John. Blachowicz

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Nina. Pontti

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Mr. John. Blachowicz

(Address) 411 S. Durham Street

15 Filed SEP 29 1926 19 C. HAMPSON KELLY Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1926, to Sept. 29, 1926,

that I last saw him alive on Sept. 28, 1926

and that death occurred, on the date stated above, at 5 20 A m

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Wesley Straig, M. D.

9/29/1926 (Address) 729 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem. Oct. 1	1926 19
20 UNDERTAKER	ADDRESS
John H. Weber	803 Bank St

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 14528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 1291

E 14528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 17-1 WARD)

2-FULL NAME Wm. Wakefield Worcester

(a) RESIDENCE NO. 3 St. Timothy's Lane ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 4 mos. 1 da. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. W. W. Worcester

6 DATE OF BIRTH (month, day, and year) June 20, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inventor

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Newport, Kentucky
(State or country)

PARENTS

10 NAME OF FATHER Henry Worcester.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Hobson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) England

14 Informant Son (Wakefield Worcester)
(Address) 25 W. Hoffman St. Baltimore City.

15 Filed SEP 29 1926 Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1926, to Sept 29, 1926, that I last saw him alive on Sept 29, 1926, and that death occurred, on the date stated above, at 12:27 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (Bright's)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. O'Geroghty, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 1. 1926
20 UNDERTAKER N. W. Jenkins Undertaking Co.	ADDRESS Orchard & McCulloh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

18-002

E 14529
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 14529
REGISTERED NO.

City of BALTIMORE: (No. 408 N. Ann St St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Harvey

: (a) RESIDENCE NO. 408 N. Ann St St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cynthia Harvey

6 DATE OF BIRTH (month, day, and year) unknown
~~1777~~ 1777

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Fertilizer Mfgr
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va.

PARENTS

10 NAME OF FATHER Richard Harvey
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Cynthia Harvey
(Address) 408 N. Ann St

15 Filed ..... 19 C. PARSONS M. D.
SEP 29 1926
Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said
inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Intestinal Obstruction

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) W. H. Fowler, M. D.
(Coroner)
9/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Mem. Park
Date of Burial 9/31 19 26

20 UNDERTAKER Edward Bryan ADDRESS 1631 Eutaw.

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 14530 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14530

T 118-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Universal Hospital REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST., H-T WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clyde Floyd

(a) RESIDENCE NO. Alexandria Va ST., ... WARD Alexandria Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Floyd

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Summerfield South Carolina

PARENTS

10 NAME OF FATHER Jerry Floyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Laura Floyd (Address) 104 Pryor St Alexandria Va

15 Filed SEP 29 1926, 19.. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1926 to Sept 27, 1926 that I last saw him alive on Sept 27 1926 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of Sept 21 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Chas Dorsey Edmunds M. D.

9/29 1926 (Address) Universal Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alexandria Va — DATE OF BURIAL 9/29 1926

20 UNDERTAKER Samuel T. Kemp — ADDRESS 578 N. Pitt

TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14531

CERTIFICATE OF DEATH.

E 14531

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 Presstman ST. 15-13 WARD) 16-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Shivers

(a) RESIDENCE NO. 1330 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years | Months | Days | If LESS than 1 day 12 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Wm R. Shivers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Annie Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address)

15 Filed SEP 29 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-27, 1926 to 9-27, 1926.

that I last saw her alive on 9-27, 1926,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

2 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. F. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL: SEP 29 1926

20 UNDERTAKER: Commissioner Health.

ADDRESS

Bur. Rec. X. 76 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14532

CERTIFICATE OF DEATH.

74 E 14532

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ. Gen. Hosp. St. 11-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred G. Long.

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Don't Know

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General natnre of indnstry, bnsiness, or establishment in which employed (or employer)

(c) Nnme of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed C. HAMPSON JONES, M. D. Registrar.

Per RCH

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) D. M. Hamilton, M. D.
(Coroner)

9/25, 19 (Address) 2402 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred in Holy Redeemer Cemetery Date of Burial Oct 2-1926

20 UNDERTAKER Weeks Bros 1301 E Eager St ADDRESS

SEP 29, 1926

Commissioner of Health.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9/25/26

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14533

E 14533

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Little Second St. ST. 3-1 WARD)

REGISTERED NO. 66

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Gibson

(a) RESIDENCE NO. Little Second St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60 —			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14
Informant .....
(Address)

15 Filed SEP 29 1926 192 Per C. HAMPSON JONES, M.D. Registrar

129 THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) Chronic yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

Signed Sept 24 1926, M. D. (Coroner)

Address 45 Dr Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. DATE OF BURIAL 192

20 UNDERTAKER Commissioner Health. ADDRESS SEP 29 1926

Per Wm. F. WOODALL.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 14534

E 14534

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1320 Linden Ave St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Taylor

(a) RESIDENCE NO. 1320 Linden Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Dr

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country)

14 Informant N. Y. Dist Col

(Address) Decina and UNIVERSITY OF MARYLAND

15 Filed SEP 23 1926 C. HAMPSON JONES, M. D. Registrar

Per THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Alcoholism

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C. H. Jones, M. D.
(Coroner)

, 19 24 (Address) 1800 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial SEP 23 1926

20 UNDERTAKER ADDRESS Commissioner Health.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14535

E 14535

CERTIFICATE OF DEATH.

113

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 243 W. Fenton St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Lee Griswold

(a) RESIDENCE NO. 243 W Fenton St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 27/925

7 AGE: Years _____ Months 8 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country): Md

10 NAME OF FATHER: Ronald Williams

11 BIRTHPLACE OF FATHER (city or town):

(State or country): N C

12 MAIDEN NAME OF MOTHER: Willard Lee

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): N. C.

PARENTS

14 Informant: Willard Lee

(Address) 243 W Fenton St

15 Filed _____, 19____ C. HAMPSON JONES, M. D. Registrar

Per THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 15 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colo- Colitis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) .....yrs. .....mos. .....ds.

(Signed) C. H. Jones M. D.

(Coroner)

19 4 (Address) 2402 Eutaw pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial SEP 22 1926

20 UNDERTAKER ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

SEP 22 1926

UNIVERSITY OF MARYLAND Office of the Coroner Records

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14536

CERTIFICATE OF DEATH.

3/ E 14536

1-PLACE OF DEATH

City of BALTIMORE: (No. 1719 Druid Hill Ave St., 19 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Queenie Turner

(a) RESIDENCE NO. 1719 Druid Hill Ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. 3 mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
	Black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Turner

6 DATE OF BIRTH (month, day, and year) about 1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Richard

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant John Turner

(Address) 1719 Druid Hill Ave

15 Filed SEP 29 1925 C. HAMPSON JONES, M.D. Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cer. Tuberculosis

(daration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secoadary) _____

(daration) ___ yrs. ___ mos. ___ ds.

(Signed) [illegible] M. D. (Coroner)

, 19 (Address) 1719 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

UNIVERSITY OF MARYLAND SEP 29 1926

20 UNDERTAKER Commissioner Health. ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14537.

90 E 14537.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1018 W. Lanvale St. 11-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Cooper

(a) RESIDENCE NO. 1018 McCulloh St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Nearest Relative

(Address)

15 Filed SEP 29 1926 19 C. RAMPSON JONES, M. D.

Per RRB Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an .....
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said .....
(Inquest, autopsy or inquiry.)

find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

....., 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial SEP 29 1926

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Commissioner of Health.

683 THE NORMAN

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26. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14538

CERTIFICATE OF DEATH.

113 E 14538

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 880 W. Fayette ST., 18-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip G. Haas

(a) RESIDENCE NO. 880 W. Fayette ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	1		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md

PARENTS

10 NAME OF FATHER William F. Haas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Pearl F. Harrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant William F. Haas
(Address) 880 W Fayette St

15 Filed ..... 19.. C. THOMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1926, to Sept 24, 1926, that I last saw him alive on Sept 28, 1926 and that death occurred, on the date stated above, at 7 50 Am.

The CAUSE OF DEATH* was as follows:

Gastro - Enteritis 5 ds.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H H Weinberger, M. D.
9/29, 1926 (Address) 720 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 30 1926

20 UNDERTAKER H M Routzon — ADDRESS 2238 W North

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

1926 E 14539 HEALTH DEPARTMENT—CITY OF BALTIMORE. E 14539

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Peake

(a) RESIDENCE NO. Havre de Grace ST., Mel WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5-Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Thomas Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant Records — (Address) JOHNS HOPKINS HOSPITAL

15 Filed ... C. RAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1926. to Sept. 29, 1926.

that I last saw her alive on Sept. 29, 1926.

and that death occurred, on the date stated above, at 2 10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 0 yrs. 0 mos 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 1 yrs. 3 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Louis C. Martin M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Darlington Md.	Oct. 1 1926
20 UNDERTAKER	ADDRESS
H. L. Bailey.	Darlington Md

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14540

CERTIFICATE OF DEATH.

90 E 14540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 E Fairmount St. 2nd 43 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bailey

(a) RESIDENCE No. 3227 E Fairmount St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Bailey

6 DATE OF BIRTH (month, day, and year): June 22 1861

7 AGE — Years: 65 — Months: 3 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Master 086

(b) General nature of industry, business, or establishment in which employed (or employer): Mechanic

(c) Name of employer: Copper Works

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: John Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Blakeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Reynold Bailey
(Address): Hedegate Md

15 Filed ..... 1926 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-25 —, 1926, to 9-29 —, 1926, that I last saw h[illegible] alive on 9-27, 1926, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Hermann, M. D.

9-29 1926 (Address) 2913 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Oct 1 1926

20 UNDERTAKER: William Carlson — ADDRESS: E Balto

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14541

CERTIFICATE OF DEATH.

100-001

E 14541

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 712-14 Sterling St St. 10-1 Ward)

2-FULL NAME Howard Burkins

(a) RESIDENCE NO. 704 Forrest St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Burkins

6 DATE OF BIRTH (month, day, and year) Sept 11/1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna.

PARENTS

10 NAME OF FATHER John Burkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Elizabeth Lunger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant Sylvester Burkins

(Address) Woodline, York Co, Penna.

15 Filed 9 29 1926 C. ROBINSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Chr. Alcoholism & Exposure (duration) .....yrs. .....mos. .....ds.

(Signed) ....., M. D.

(Coroner)

9/28/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Delta, York Co, Pa. Date of Burial Sept 30 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave

Be sure that every item is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10 21 M&T 1500 Bks.

E 14542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14542

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Streeper St. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Jane Smith

(a) RESIDENCE NO. 110 N. Streeper St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alphouse Smith

6 DATE OF BIRTH (month, day, and year) May 10/68

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	58	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germ

12 MAIDEN NAME OF MOTHER Margt Mauk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Alphouse Smith (Address) 110 N. Streeper

15 Filed 9 1926 C. HAMPSON JONES, M. D. Registrar Per R K J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-27 1926 to 9-27 1926.

that I last saw h alive on 9-26 1926

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(a) Terminal Pneumonia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) F. Roy Dunphy M. D.

19 1926 (Address) 600 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holly Redeemer

DATE OF BURIAL Sept 30 1926

20 UNDERTAKER J. A. Curran

ADDRESS Dover & Baltimore

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14543 × 57 E 14543

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 4-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida J. Moore

(a) RESIDENCE NO. 3 Elliott Alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 23 1884

7 AGE: Years 42 Months 4 Days 2 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Isaac Dyson

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Miller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant: Alex M. Moore 1922

(Address) Elliott & City Md.

15 Filed 1925 C. CAMPBELL JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

Diabetes Coma (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. F. Peters M. D.

Dec. 27, 1925 (Coroner) (Address) 1039 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Rose Hill Cem. Dec 30 1925

20 UNDERTAKER ADDRESS

Easton Sons Elliott & City

If DEATH is from any form of violence, state whether accidental, suicidal or homicidal. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Be sure that it may be properly classified.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14544

1-PLACE OF DEATH

City of BALTIMORE: (No. 1022 N. Gilmor St., 16 6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Bacon Baker

(a) Residence No. 1022 N. Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of James Jordan.

6-DATE OF BIRTH (month, day and year) Unknown 1857

7-AGE, 69 yrs. — mos. — ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Howard County (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Wm. Bacon

11-BIRTHPLACE OF FATHER (city or town) Howard County (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Elsie Reese.

13-BIRTHPLACE OF MOTHER (city or town) Howard County (State or Country), Md.

14- (Informant) Sophie Townsend

(Address) 1404 Riggs Ave

15- Filed 4 29 1926 C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 28, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1926, to Sept. 28, 1926, that I last saw her alive on Sept. 28, 1926, and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? "

What test confirmed diagnosis?

(Signed) John D. Quinn M. D.

Sept 29, 1926 (Address) 1507 N. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Zion	Sept 30/26
20-UNDERTAKER.	ADDRESS.
Daniel Easton	Penna.

Instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14545

E 14545

CERTIFICATE OF DEATH.

100-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hosp. Ward)

2-FULL NAME Emma Johnson

(a) RESIDENCE NO. 1403 W. Lafayette ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7/925

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
		10	22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

PARENTS

10 NAME OF FATHER: Joe Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER: Zaria Jones

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant: Zaria Johnson

(Address) 1403 Lafayette ave

15 Filed.....19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

Ricketts.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Kalm M. D.

(Coroner)

9/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cem — Date of Burial: Sept 30/1926

20 UNDERTAKER: Daniel Easton — ADDRESS: Reme

Properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14546

CERTIFICATE OF DEATH.

1926

E 14546

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 102 Warren Ave St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E Hughes

(a) RESIDENCE NO. 102 Warren Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hughes

6 DATE OF BIRTH (month, day, and year) May 19-1851

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
75	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer —

9 BIRTHPLACE (city or town)_____

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Richard Logan

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Kenney

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Ireland

14 Informant Mrs C Hughes

(Address) 102 Warren Ave

15 Filed Sept 30 1926 C. HAMPSON JONES, M. D. Registrar

Per Secy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 28-26

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Sept 28, 1926, that I last saw h.. alive on Sept 28, 1926, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows: 1 Mitral Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm Hammond Tucker, M. D.

Sept 29, 1926 (Address) 1 Light & Warren Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial Sept 30 1926

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light St

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14547

CERTIFICATE OF DEATH.

E 14547.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Bolton ST., 14-K WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva H. Brown

(a) RESIDENCE NO. 1424 Bolton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Burkloe Brown

6 DATE OF BIRTH (month, day, and year) March 25, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John N. Heflebower

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Emily Turnbull

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New York

14 Informant J. Burkloe Brown
(Address) 1424 Bolton Street

15 Filed SEP 30 1926, 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, AM, 1926, to Sept 28, PM, 1926, that I last saw h[illegible] alive on Sept 28, 1926, and that death occurred, on the date stated above, at 5, PM.

The CAUSE OF DEATH was as follows:*

Arteria Sclerosis —
Hypertension —
(See remarks —)

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage
Six hours duration — 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No —

What test confirmed diagnosis? —

(Signed) Chas W. Garnett, M. D.

Sept 29, 1926 (Address) 1327 Park Ave —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 9/30 1926

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 509 N. Calvert St

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14548
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 14548
Registered No. C.....

City of BALTIMORE: (No. 1139 Ward St. 71-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Minnie Bell

(Residence in Baltimore: No. 1139 Ward St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-DATE OF BIRTH: Aug 8 1865
(Month) (Day) (Year)

7-AGE: 61 yrs. 1 mos. 20 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Balto

PARENTS.

10-NAME OF FATHER: John H. Schaeffer

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Louise Artman

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Bell

(Address) 1139 Ward St

15-
Sept 30 1926 THOMPSON JONES, M. D.
Registrar.
Per B.H.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 28 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained at the Inquest (Inquest, Autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) About 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(Duration) yrs. mos. ds.

(Signed) Thos. D. Morrow M. D.
Coroner.

Sept 29 1926 (Address) Curtis Bay

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Balto, Md

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Sept 30 1926

20-UNDERTAKER: John Fields — ADDRESS: 1200 W Lombard

IF VERY important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14549

CERTIFICATE OF DEATH.

31 E 14549

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S Calhoun St., St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta M. Mitchell,

(a) RESIDENCE NO. 107 S Calhoun St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 13, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Timothy B. L. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Louis, Mo.

12 MAIDEN NAME OF MOTHER Annie E. Mann,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. A. Mitchell,
(Address) 107 S Calhoun St.

15 Filed 9/27, 19 Per R.J.C. Registrar

C. HARRISON JONES, M. D.

30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/1-26, 19, to 9/26, 19 26.

that I last saw h Walive on 9/26, 19 26,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray & Sputum

(Signed) Chas A Cahn, M. D.

9/27, 19 26 (Address) 2105 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Sept 30 1927

20 UNDERTAKER Harry H. Wolf ADDRESS 1531 N. Fulton Ave

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.F.S.—400 Bks.

E 14550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14550

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2765 Tivoly Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARY J. ZELLER.

(a) Residence No. 2765 Tivoly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Zeller

6-DATE OF BIRTH (month, day and year) Feb 14-1847

7-AGE. 79 yrs. 7 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore

PARENTS

10-NAME OF FATHER Wm O'Neill

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Sarah McGlynn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14- (Informant) Miss Zeller

(Address) 2765 Tivoly Ave

15- Filed Sept 28 1926 E. FRANCIS JOYCE, M. D. Registrar.

For

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 28 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept 23 1926 to Sept 28 1926

that I last saw h.r alive on Sept 28 1926

and that death occurred, on the date stated above, at. 9.45 m

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

Chronic Myocarditis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterior Sclerosis

(Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. F. Clautice M. D.

Sept 28. 1926 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Oct 2 1926

20-UNDERTAKER	ADDRESS
Chas F. Kraus & Son	1118 Whitelock ave

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14551

E 14551

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 319 University Parkway ST. (WARD) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W. Meehan

(a) RESIDENCE. No. 319 University Parkway. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rina Meehan

6 DATE OF BIRTH (month, day, and year) Feb. 19. 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman 066
(b) General nature of industry, business, or establishment in which employed (or employer) Feed
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James W. Meehan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Sarah Sullivan
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Annie M. Meehan
(Address) 319 E. University Parkway

15 Filed SEP 30 1926 19 C. HAMPSON JONES, M. D. Registrar
By R R

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1926

17
I HEREBY CERTIFY, That I attended deceased from Jan. 1. 1926. to Sept. 29. 1926.
that I last saw him alive on Sept. 27. 1926.
and that death occurred, on the date stated above, at 5 A m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? —
What test confirmed diagnosis? Physical
(Signed) J. E. Bernbach M. D.
9/29 1926 (Address) 1531 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Oct 2 1926

20 UNDERTAKER Chas. B. Graul & Son ADDRESS 1180 Wilkens Ave

TION IS very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 14552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14552

1-PLACE OF DEATH 1526 North Bond St — Registered No.

City of BALTIMORE: (No. 1526 North Bond St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Marion Barrett Sr.

(a) Residence No. 1526 North Bond St., 8th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Margaret Barrett

6-DATE OF BIRTH (month, day and year) Nov. 2 1857

7-AGE. 69 yrs. 10 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Maker

(c) Name of employer Unknown

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md

PARENTS.

10-NAME OF FATHER, John Barrett.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER Eleanor Darry

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore, Md

14- (Informant) Francis M. Barrett Jr.

(Address) 1526 N. Bond St.

15- Filed SEP 30 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 27, 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1926 to Sept 27, 1926

that I last saw him alive on Sept 27, 1926

and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. One ds.

CONTRIBUTORY (Secondary) Arteriosclerosis From my personal Knowledge 1 Month

Unknown (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual clinical tests

(Signed) A. L. Macdonald M. D.

Sept 29, 1926 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Lawn — DATE OF BURIAL Oct 1 1926

20-UNDERTAKER. Chas. H. Grave & Son — ADDRESS 11 S. Howard St

Instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14553

CERTIFICATE OF DEATH.

179 E 14553

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene KUJAWA

(a) RESIDENCE NO. 2524 Fleet St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., If of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXX X

6 DATE OF BIRTH (month, day, and year) June 17/1922

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	4	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Broniska Kujawa

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Eva Czajkowska

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country) Poland

14 Informant: Father

(Address) 2524 Fleet St

15 Filed _____ 19__ C. HAMILTON JONES, M. D. Registrar

SEP 30 1926 Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Sept 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns over rt side. Accidently pulled vessel of hot water from gas stove

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. S. Cain, M. D.

(Coroner)

9/29/26 (Address) 508 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs., ...mos., ...ds. In the State ...yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Date of Burial: Sept 30 1926

20 UNDERTAKER: F. W. Ozazewski ADDRESS 1930 Eastern Ave

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14554

E 14554

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 Aisquith W ST. 10-2 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Doehler

(a) RESIDENCE NO. 1043 Aisquith W ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Doehler

6 DATE OF BIRTH (month, day, and year) March 8 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Charles G. Doehler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Wm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Elizabeth A. Doehler
(Address) 1043 Aisquith St

15 Filed ..... 19 .....
Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to Sept 29, 1926, that I last saw h[illegible] alive on Sept 27, 1926, and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema of Lungs
Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. S. Gray M. D.

4/7/26 (Address) 6000 N. Rend ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct. 2 1926
20 UNDERTAKER	ADDRESS
Henry Hosch Son	120 E Eager St

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14555

CERTIFICATE OF DEATH.

E 14555

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles L. Rupprecht.

(a) RESIDENCE NO. 610 N. Brice St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. ---- How long in U. S., if of foreign birth? 34 yrs. ---- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married

5a If married, widowed, or divorced, HUSBAND of XXXXXXXXXX Beatrice Rupprecht.

6 DATE OF BIRTH (month, day, and year) November 29, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	51	9	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) C. G. Kriel & Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Beatrice Rupprecht. (wife)

(Address) 610 N. Brice St.

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Per ..... Registrar

30 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 28, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Right Hemiplegia.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

(Signed) C. H. M. Leonhardt M. D.
(Coroner)

9/30 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? 5 N. Henrietta St. Sept. 28, 1926.

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: At Peters Cemetery — Date of Burial: Oct. 2, 19 26

20 UNDERTAKER: Wentz's Sons — ADDRESS: W. Lexington

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-002

E 14556

E 14556

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ____ St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Loeschell

(a) RESIDENCE NO. 602 South Curley St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

15 Filed ____ 19 ____ C. HAMPSON JONES, M. D. Registrar

SEP 30 1926 Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 29 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to September 29, 1926, that I last saw her alive on September 25, 1926, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Hypertension

Cerebral Sclerosis

Residual at. Hemiplegia Chronic

(duration) 6 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ____ yrs. ____ mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) E. Hooper Smith, M. D.

Sept 30 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial Sep 30 1926

20 UNDERTAKER Von Ecott ADDRESS 502 E. Mad

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14557

CERTIFICATE OF DEATH.

90

E 14557

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3143 Frederick ave. W. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma J Wilson

(a) RESIDENCE NO. 3143 Frederick ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6, 1851

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	75	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Andrew Barranga

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Lutanga

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Charles Wilson

(Address) Catonsville Md

15 Filed SEP 30 1926, 19 C. EMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

September 28 26

17

I HEREBY CERTIFY, That I attended deceased from 3 22, 1926, to 9 28, 1926, that I last saw h.. alive on Sept 26, 1926, and that death occurred, on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Nephrolithiasis.

Myocarditis

(duration) 10+ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Internal

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? (Clinical)

(Signed) S. Lloyd Johnson, M. D.

, 19 (Address) Frederick & Augusta ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial Oct 1 1926

20 UNDERTAKER George J Smith ADDRESS 1532 Hollins

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

14558 PLACE OF DEATH — REGISTERED NO. E 14558

City of BALTIMORE: (No. 1144 Annapolis St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Marshall

(a) RESIDENCE NO. 1144 Annapolis St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M. | 4 Color or Race: W | 5 Single, Married, Widowed, or Divorced, (write the word): ~~married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60		—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): 62

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Fredericksburg Va

PARENTS

10 NAME OF FATHER Jos. Marshall

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Dont Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Chas A Abrams

(Address) 5105 Pimlico Rd Hamilton

15 Filed 30 1926 C. HAMPSON JONES, M. D. Registrar

Per RAC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1926

17

I HEREBY CERTIFY, That I attended deceased from April, 1923, to Sept 28, 1926, that I last saw him alive on Sept 25, 1926 and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows: Paralytic Stroke.

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency.

(duration) ns yrs. ns mos. d ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? ns Date of

Was there an autopsy? yes

What test confirmed diagnosis? Heart valves

(Signed) Raymond J Glenn, M. D.

(Address) Ft Holabird

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — Date of Burial Sept 30 1926

20 UNDERTAKER: Robt J Turner — ADDRESS 1742 N. Rodney

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14559

CERTIFICATE OF DEATH.

113

E 14559

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3347 Chestnut Ave St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Audrey Mae Mitchell

(a) RESIDENCE NO. 3347 Chestnut Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 15-26, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	14/15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER Wm. Prison Mitchell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ga

12 MAIDEN NAME OF MOTHER Myrtle V. Lowery

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga

14 Informant Mrs. Mary Lowery

(Address) 3347 Chestnut Ave.

Filed SEP 30 1926 19 C. HARRISON ELLIOTT, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Sept-29-26

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1926, to Sept 28, 1926

that I last saw her alive on Sept 28, 1926,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Ileo Cholitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) A J Davis, M. D.

9-29, 1926 (Address) 800 N Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St. Matthews Cemetery 9/30/ 1926

20 UNDERTAKER — ADDRESS

E. J. Young & Son 1931 E. Lafayette

If very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14560

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14560 ~~36~~ 42

CERTIFICATE OF DEATH.

99-00r 1838

1-PLACE OF DEATH

City of BALTIMORE: (No. 1311 E Federal St. 9-7 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Martin Mayfort

(a) Residence No. 1311 E Federal St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds How long in U. S., if of foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Katherine Mayfort

6-DATE OF BIRTH (month, day and year) March 15th 1838

7-AGE,	If LESS than 1 day,
88 yrs. 6 mos. 13 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)..... 013

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Unknown Mayfort

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country). Germany

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). unknown

14- (Informant) John Mayfort

(Address) 1313 E Federal st

15-

Filed..... 192.. ..... Registrar.

For ..... Clerk

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept 28/926

17- I HEREBY CERTIFY, That I attended deceased from Oct 15, 1924 to Sept 28, 1926 that I last saw h... alive on Sept 28, 1926 and that death occurred, on the date stated above, at 5.50 a.m.

The CAUSE OF DEATH* was as follows:

1 Arteriosclerosis

Chronic Bronchitis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility Condition

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. Thompson Jones, M. D.

Sept 29 1926 (Address) 1218 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Baltimore Cemetery	Oct 1st 1926
20-UNDERTAKER,	**ADDRESS**
George Schilling & Sons	1216 Monument st

C. THOMPSON JONES, M. D.

D 1926

Spec.—1-1251—M&T—500 Blks.

1960 23

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14561

CERTIFICATE OF DEATH.

71-001

E 14561

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 20-4 ST. WARD)

2-FULL NAME William Stuart Jr -

(a) RESIDENCE NO. 2022 E Fall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/2/26

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Stuart

11 BIRTHPLACE OF FATHER (city or town) Ky -
(State or country)

12 MAIDEN NAME OF MOTHER J Holly Dallin

13 BIRTHPLACE OF MOTHER (city or town) [illegible]
(State or country)

14 Informant [illegible] JOHNS HOPKINS HOSPITAL
(Address)

15 Filed Oct 4, 1926 CLAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 28, 1926, to Sept 29, 1926, that I last saw h[illegible] alive on Sept 29, 1926, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Ismler Crawl
Hemorrage

(duration) yrs. mos 2 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Autopsy

What test confirmed diagnosis?

(Signed) Thomas W Comwell M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Paducah Ky

DATE OF BURIAL 9/30/26 19

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14562

CERTIFICATE OF DEATH.

188-003

E 14562

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. St. Joseph Hospital St., 4-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leroy ~~George~~ Nathaniel Godwin

(a) RESIDENCE NO. 1839 Aisquith St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of xxxxxx

6 DATE OF BIRTH (month, day, and year) Nov 14/1908

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	17	10	15	17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bill Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Louis Bauer

(c) Name of employer Clothing Mfgr

9 BIRTHPLACE (city or town)_____

(State or country) Virginia

PARENTS

10 NAME OF FATHER Bruice Godwin

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Va

12 MAIDEN NAME OF MOTHER Lillian German

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Va

14 Informant (Address) Mrs. Lillian Fox (mother) 1839 Aisquith St

15 Filed C. HAMPSON JONES, M. D. 19____

OCT 1926 ICRW Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25/26 19__

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Skull Fracture & prob Thoracic-abdominal injuries

(Automobile accident 25th nr Adams

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)_____

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Potter, M. D. (Coroner)

9/29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Oct 1st 1926

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1136 E Monument

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14563 E 14563

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 Poultney ST. 23-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta E. Roehmer

(a) RESIDENCE No. 16. Poultney ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W Roehmer.

6 DATE OF BIRTH (month, day, and year) 5-1-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Vondenmuller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helena Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John W Roehmer (Address) 16 Poultney St.

15 Filed 9/29 1926 C. HARRISON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1926

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to Sept 29- 1926, that I last saw her alive on Sept 29- 1926, and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of 3-29-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G E Brydon, M. D.

9/29 1926 (Address) 301 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Oct 2 1926
20 UNDERTAKER Wm F. Porter	ADDRESS 555 Fulton Ave

FEB 30 1926

Fold in this way. Back is very important. See instructions on back of certificates.

Spec.—12-6-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14564

CERTIFICATE OF DEATH.

90 E 14564

1-PLACE OF DEATH

City of BALTIMORE: (No. 2612 Woodland Ave Ward 13-5)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvenda Degrand

(a) RESIDENCE NO. 2612 Woodland Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed or divorced~~ (or) WIFE of Herman Degrand

6 DATE OF BIRTH (month, day, and year) Nov 13 1882

7 AGE: Years 43 | Months 10 | Days 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) [illegible]

(State or country) Hancock Md

PARENTS

10 NAME OF FATHER Albert Eaton

11 BIRTHPLACE OF FATHER (city or town) [illegible] Md

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Starr

13 BIRTHPLACE OF MOTHER (city or town) [illegible]

(State or country)

14 Informant Herman Degrand

(Address) 2612 Woodland Ave

15 Filed [illegible] 1926 Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 - 1926

17 I HEREBY CERTIFY, That I attended deceased from April 25 1926 to Sept 30 1926, that I last saw her alive on Sept 29 1926, and that death occurred, on the date stated above, at 3:30 A.m.

The CAUSE OF DEATH* was as follows: Mitral Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirm diagnosis?

(Signed) Edward J Cook M. D.

1926 (Address) 463 W Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baykwood Cemetery Date of Burial Oct 2 1926

20 UNDERTAKER Harry M Anderson ADDRESS 4204 Ridgewood Ave

Very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14565 E 14565

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

City of BALTIMORE: (No. # 7 Woodland Ave. 27 Ward 5

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence D. Alban

(a) RESIDENCE No. # 7 Woodland Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Lavantia alban

6 DATE OF BIRTH (month, day, and year): Aug 30, 1895.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Floor Finisher

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Henry W. Alban

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E. Hare

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Royden F. Alban

(Address) 3345 Cedar Ave.

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

Per RPW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/30 19 26.

Sept 30, 1926.

17

I HEREBY CERTIFY, That I attended deceased from 7/15, 1926, to 9/30, 1926

that I last saw him alive on 9/30, 1926

and that death occurred, on the date stated above, at 930 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lung with metastasis to glandular system.

(duration) .....yrs. 9 mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Wortsto[illegible], M. D.

(Address) 2020 N. Charles 9/30 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Date of Burial Oct 2 1926

20 UNDERTAKER: Chenoweth & Son ADDRESS 3417 Chestnut

Key important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 14566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14566

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH U. S. Marine Hospital #1

CITY OF BALTIMORE: (No. Baltimore, Md ST. 17-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Blackstone.

(a) RESIDENCE No. 533 Oxford St Balt Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 15, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	—	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer S/S Emma Giles

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Trader Blackstone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Self

(Address)

15 Filed OCT 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1926, to Sept 29, 1926, that I last saw him alive on Sept 29, 1926, and that death occurred, on the date stated above, at 2 Am.

The CAUSE OF DEATH* was as follows:

Tubular heart disease, Chronic.

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (Hy Prostatic Pneumonia) (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? — Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings & Laboratory

(Signed) B S Yancey, M. D.

, 19 (Address) U S Marine Hosp. #1 Balt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL Oct/ 1926

20 UNDERTAKER E L Stifler

ADDRESS 125 North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14567

CERTIFICATE OF DEATH.

31 E 14567

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. (T. B.) Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Williams

(a) RESIDENCE NO. 536 N. Gilmor st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 24, 19 26, to Sept. 27, 19 26,

that I last saw her alive on Sept. 27, 19 26,

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gatten M. D.

9-27-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct 1 1926
20 UNDERTAKER	ADDRESS
Edward Bryan	Orleans [illegible]

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14568

CERTIFICATE OF DEATH.

1926 E 14568

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (NO. 55 Pegnalter ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown (John Moon?)

(a) RESIDENCE NO. 55 Pegnalter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
Unk	45		2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

Filed 1-1926, 192 — Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Chronic Interstitial Nephritis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Samuel A Wesbecker, M. D. (Coroner.)

, 192 (Address) 332 North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND. DATE OF BURIAL 192

20 UNDERTAKER ADDRESS

THOMPSON JONES, M. D. Commissioner of Health.

SEP 30 1926

0685

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14569
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

117 ✓

E 14569
REGISTERED NO.

City of BALTIMORE: (No. Balto City Hospital St., 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Angus McKeever

(a) RESIDENCE NO. 501 S Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	50 ? 60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town).....

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

14 Informant .....

(Address)

15 Filed....., 19.....

Registrar

0686 THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

Local Peritonitis

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) .....yrs. .....mos. 1 ds.

(Signed) James Wilson M. D.
(Coroner)

9/9 1926 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 5 yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? 501 S Caroline St

Former or usual residence 501 S Caroline

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. Date of Burial 19

20 UNDERTAKER ADDRESS

SEP 30

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14570 — CERTIFICATE OF DEATH. — E 14570

1-PLACE OF DEATH — Registered No.....

City of BALTIMORE: (No. 1609 N Mount St., 12-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Hope

(a) Residence No. 1609 N Mount St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	C	S

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6-DATE OF BIRTH (month, day and year) Feb 4 1923

7-AGE. 3 yrs. 7 mos. 27 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Baltimore (State or Country) Md

PARENTS.

10-NAME OF FATHER, Wm Holt,

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Ga

12-MAIDEN NAME OF MOTHER Lula Penn

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ga

14- (Informant) Mrs Lula Holt
(Address) 1609 N Mount St

15- Filed Sept 1 1926 C. THOMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 29 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept 21 1926 to Sept 29 1926 that I last saw h alive on Sept 29 1926 and that death occurred, on the date stated above, at 11.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia
Tuberculor Meningites
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sequel of measles 1926 (Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) Wm H Wright M. D.
Sept 30. 1926 (Address) 1209 Pleasant St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Calvary	Oct 1 1926
UNDERTAKER.	ADDRESS.
Virginia G Brooks	1403 N Carey

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14571

CERTIFICATE OF DEATH.

E 14571

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 17 Mallfeldt Ave ST., [illegible] WARD)

2-FULL NAME Lewis Myers

(a) RESIDENCE No. 17 Mallfeldt Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Absalom Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Sarah Shaffer Brough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co

Informant Wesley C Bowman

(Address) 17 Mallfeldt Ave

Filed OCT 1 - 1926 Registrar

THOMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Louis H Monnaree, M. D.
(Coroner.)

9-30, 1926 (Address) 3632 Rolandave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St John Lutheran Grnd DATE OF BURIAL Oct 1 1926

20 UNDERTAKER A S Marshall ADDRESS 3539 Fell Rd

Spec.—14638 M&T—500 Blks.

1926

Skleres.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14572

CERTIFICATE OF DEATH.

113

E 14572

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 24-1 WARD)

2-FULL NAME Helen Skleres

(a) RESIDENCE No. 114 Williams ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 18-1926

7 AGE — Years	Months	Days	If LESS than 1 day, hrs or min.
	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John S Kleres

11 BIRTHPLACE OF FATHER (city or town) Greece (State or country)

12 MAIDEN NAME OF MOTHER Ethel Blanco

13 BIRTHPLACE OF MOTHER (city or town) Greece (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926, 19 C. HAMPSON JONES, M. D.

By R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 1926, to Sept. 29, 1926, that I last saw h. alive on Sept. 29, 1926, and that death occurred, on the date stated above, at 11 00 P. m.

The CAUSE OF DEATH* was as follows:

Acute g-i indigestion (not dysentery) (sudden onset)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Bulbus impetigo (pemphigus)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thomas W. Cornwall, M. D.

, 19 (Address) Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Oct 1st 1926
20 UNDERTAKER F. A. Kleman & Son	ADDRESS 703 Howard St.

Dr Morrissey

E 14573 HEALTH DEPARTMENT—CITY OF BALTIMORE 40 E 14573

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. C.....

City of BALTIMORE: (No. 2413 N. Calvert St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Bentley

(Residence in Baltimore: No. 2413 N. Calvert St. yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	W.	Married

6-DATE OF BIRTH. Oct (Month) 20 (Day) 1842 (Year)

7-AGE. 83 yrs. 11 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Watchman
(b) General nature of industry, business, or establishment in which employed (or employer). C. J. Codd Co.

9-BIRTHPLACE. (State or Country) Baltimore, Md

PARENTS.

10-NAME OF FATHER. Charles Bentley

11-BIRTHPLACE OF FATHER. (State or Country). Mass

12-MAIDEN NAME OF MOTHER. Anna Williams

13-BIRTHPLACE OF MOTHER. (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rena Bentley

(Address) 2413 N. Calvert St

15- C. HARRISON JONES, M. D.

Filed ..... 192 ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 28, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrissey M. D.
(Coroner.)

9-30 1926 (Address) 502 E. Saratoga

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Greenmount	Oct 1 1926
20-UNDERTAKER.	ADDRESS
William Cook	505 E. Fayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14574

CERTIFICATE OF DEATH.

Registered No. E 14574

1-PLACE OF DEATH

City of BALTIMORE: (No. 5516 Garrison Blvd St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May L. Cooper

(Residence in Baltimore: No. 5516 Garrison Blvd St.; yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. June (Month) 2 (Day) 1880 (Year)

7-AGE. 46 yrs. 3 mos. 28 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Cigar Mfg
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER. Samuel Cooper

11-BIRTHPLACE OF FATHER, (State or Country). Russia

12-MAIDEN NAME OF MOTHER. Hannah Cooper

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lena Cooper

(Address) 5516 Garrison Blvd

15-

Filed Oct 1 1926 192.... R.C. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 30 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John H. Mosser M. D. (Coroner)

9-30 1926 (Address) 3132 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Hebrew Cem. DATE OF BURIAL. 10/1 19...

20-UNDERTAKER, Jack Lewis ADDRESS 1132 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 14575

CERTIFICATE OF DEATH.

92 E 14575

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 9-6 WARD)

2-FULL NAME Miss. Marie Bowman.

(a) RESIDENCE NO. 1712 Holbrook. ~~Ste~~ ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/14 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. ? gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md..

PARENTS

10 NAME OF FATHER Joseph H Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Delia Casby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Delia Bowman
(Address) 1712 Holbrook St

15 Filed 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/28/26 19

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1926, to Sept. 28, 1926.

that I last saw her alive on Sept. 28, 1926

and that death occurred, on the date stated above, at 3:40 p. m.

The CAUSE OF DEATH* was as follows:

Tuberculous
T. B. Meningitis.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no:

What test confirmed diagnosis? Clinical.

(Signed) Clement R. Monroe M. D.

. 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL new Cathedral Cemetery

DATE OF BURIAL 10/2/1926

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14576 E 14576

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST., 1-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Reinhardt

(a) RESIDENCE NO. 417 South Duncan ST., ... WARD ...
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster shucker 049

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Reinhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant City Hospital Records
(Address)

15 Filed ... 19... THOMPSON JONES, M. D. Registrar

OCT - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 30 1926

17 I HEREBY CERTIFY, That I attended deceased from September 28, 1926, to September 30, 1926, that I last saw him alive on September 30, 1926, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis
Hypertension

(duration) ? yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no ...

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Sept 30, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Oct 4 1926

20 UNDERTAKER Wendell & Lippert — ADDRESS 3801 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

Wiprecht

E 14577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14577

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1213 N Milton Ave ST., 8 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen G Wiprecht

(a) RESIDENCE NO. 1213 N. Milton Ave ST., 8 WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1925 - May 25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	1	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Stephen Wiprecht

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Wagner

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Josephine Wiprecht
(Address) 1213 N Milton Ave

15 Filed ..... 19..... Per ..... Registrar

C. [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1926, to Sept 30, 1926, that I last saw h alive on Sept 30, 1926, and that death occurred, on the date stated above, at 5 15 p m.

The CAUSE OF DEATH* was as follows:

Intra Cranial Pressure
following Meningitis
(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Meningitis
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) H. E. Hedner M. D.

Sept 30 1926 (Address) 1301 Park Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem DATE OF BURIAL Oct 2 1926

20 UNDERTAKER Stephen J Fialkowski ADDRESS 1700 Kenwood Ave

Spec.—1-10-21—M&T—1500 Blks.

Frances Schyles

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14578

CERTIFICATE OF DEATH.

77 E 14578

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 Bruce ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Schyles.

(a) RESIDENCE No. 773 Bruce ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Color	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Schyles

6 DATE OF BIRTH (month, day, and year) January 1, 1847.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Hvade Borna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Johnson

(Address) 773 Bruce

15 Filed OCT 1 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29 1926

17 I HEREBY CERTIFY, That I attended deceased from August 8th to 9/29, 1926, that I last saw h alive on 9/28, 1926, and that death occurred, on the date stated above, at 7:00 A.M.

The CAUSE OF DEATH* was as follows: Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Dementia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Lee Hill, M. D.

19 (Address) 924 Mad. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Oct 1 1926

20 UNDERTAKER Daniel Easton

ADDRESS 916 Mad Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14579

CERTIFICATE OF DEATH.

12-2 199

E 14579

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Brown.(C)

(a) RESIDENCE NO. 906 Little Pine St. St. _____ Ward .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Married.

5a If married, (or) WIFE of Joseph Brown.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	41	-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) West Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Joseph Brown.(C) husband.

(Address) 906 Little Pine St.

15 Filed ..... 19 .....

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 27, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest. find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis, Sepsis.

Having been struck, knocked down and runover by an automobile truck.

Homicide.

.... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Wm. H. Reinhardt M. D.

(Coroner)

9/30 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? Biddle & Little Pine Sts. Sept. 10, 1926.

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem. Date of Burial 19 9/30/26

20 UNDERTAKER Daniel Easter ADDRESS 9/30

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14580

CERTIFICATE OF DEATH.

3 E 14580

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Parish ST. 166 WARD)

2-FULL NAME Sylvester Ferguson Dillman

(a) RESIDENCE NO. 1117 Parish ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 2 / 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Jos Ferguson MD

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Louisa Yuhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louisa Dillman (Address) 1117 Parish alley

15 Filed ..... 19.... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1926.

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Sept 28, 1926, that I last saw h[illegible] alive on Sept. 27, 1926, and that death occurred, on the date stated above, at 8 40 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) ... yrs. 4 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) B. N. Hatcher, M. D.

1926 (Address) 1111 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL 10/1 1926

20 UNDERTAKER Emil Groston ADDRESS 116 Pa Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14581

CERTIFICATE OF DEATH.

90

E 14581

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Stockton ST., 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Connigky-McKnight.

(a) RESIDENCE NO. 618 Stockton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: William McCarkey

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Noah Holliday

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Bruce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Carrie Holliday 618 N. Stockton

15 Filed ....., 19.... Registrar

C. P. THOMPSON JONES, M. D.

1 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926 to Sept 24, 1926

that I last saw her alive on Sept 24, 1926

and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows: Valvular heart-lesion

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Coleman M. D.

Sept. 24 1926 Address 1039 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Oct 1/926
20 UNDERTAKER	ADDRESS 916 Dg ave
Daniel Easton	

Spec.—1 12-25—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14582

CERTIFICATE OF DEATH.

179 E 14582

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Geo St ST. 17-3 WARD)

2-FULL NAME Jamie Walker

(a) RESIDENCE NO. 607 Geo St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mall	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Walker

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
59		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jack Easton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jack Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Eliza Walker

(Address) 607 Geo St.

15 Filed 1 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Sept 29, 1926

that I last saw h[illegible] alive on Sept 28, 1926,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Acute Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Fenny Glassman, M. D.

9/29/1926 (Address) 1607 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 9/30/1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Bway

Spec.—1-12-23—M&T—500 Bks.

E 14583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 14583

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 West Baltimore Street ST., 90-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida M. Watkins

(a) RESIDENCE NO. 2217 West Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Watkins

6 DATE OF BIRTH (month, day, and year) May, 26th. 1856

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William G. Merson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise Dearing

13 BIRTHPLACE OF MOTHER (city or town) Harpers Ferry
(State or country) Virginia

14 Informant (Address) William C. Watkins 2217 West Baltimore St.

15 Filed [illegible], 1926 C. [illegible] Jones, M. D. Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1926, to Sept. 30, 1926,

that I last saw her alive on Sept. 29, 1926,

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Senile myocarditis

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. T. Hamburger, M. D.

9/30/1926 (Address) 1 East Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Oct 2nd 26
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 W Balto St

Spec.—1-10-21—M&T—1560 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14584

CERTIFICATE OF DEATH.

E 14584

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 Falls Road ST. 13-7 WARD)

2-FULL NAME Mary E. Jones

(a) RESIDENCE NO. 230 Falls Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed ~~or divorced~~
~~HUSBAND of~~ (or) WIFE of Thos. Jones

6 DATE OF BIRTH (month, day, and year) Dec. 24-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rachel Hoot
(Address) 228 Falls Rd

15 Filed Sept 1 1926 C. HAMPSON JONES, M. D. Registrar
Per KH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to Sept 29, 1926, that I last saw h alive on Sept 29, 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis + nephritis

2
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John L. Leahy, M. D.

, 19 (Address) 729 Dean St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct 1 26
UNDERTAKER Samuel D. Brinsley	ADDRESS 728 Bolle

Spec.—1-10-21—M&T—1500 Bks.

E 14585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14585

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 E. Cross St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille Fowler

(a) RESIDENCE NO. 732 E Cross ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) May 31, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Butte (State or country) Mont.

PARENTS

10 NAME OF FATHER Archie A. Fowler

11 BIRTHPLACE OF FATHER (city or town) St Mary, Co. (State or country) Md

12 MAIDEN NAME OF MOTHER Flada D. Fulton

13 BIRTHPLACE OF MOTHER (city or town) St Mary's Co. (State or country) Md

14 Informant Mrs Flada Fowler

(Address) 732 E Cross St

15 Filed 1-1926, 19 C. HAMPSON JONES, M. D. Per RC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1926, to Sept. 30, 1926,

that I last saw him alive on Sept 30 1926,

and that death occurred, on the date stated above, at 4 00 a m.

The CAUSE OF DEATH* was as follows:

Intussusception

Immediate

(duration) yrs. mos. Several ds.

CONTRIBUTORY (Secondary) diarrhea

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A Kann, M. D.

19 (Address) 1213 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Patterson Park Balto Md

DATE OF BURIAL Oct. 1, 1926

20 UNDERTAKER Chas. T. Irvine.

ADDRESS 1501 E Pratt ave

Spec.—1-12-23—M&T—500 Bks.

1926 637

E 14586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-002

16 E 14586

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

2-FULL NAME Shirley Johnson

(a) RESIDENCE NO. 212 S. Duncan ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Lloyd Johnson

11 BIRTHPLACE OF FATHER (city or town) Texas (State or country)

12 MAIDEN NAME OF MOTHER Ella Brown

13 BIRTHPLACE OF MOTHER (city or town) Ind. (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 1926, 19 C. HANSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1926, to Sept 30, 1926, that I last saw h[illegible] alive on Sept 30, 1926 and that death occurred, on the date stated above, at 6[illegible] 2 m.

The CAUSE OF DEATH* was as follows:

Acute gastro intestinal Indigestion

(duration) ... yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) ... yrs. ... mos. 8 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas W. Comwell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	Oct 3 19[illegible]
20 UNDERTAKER	ADDRESS
Robert E Williams	1515 N. Eden St

Spec.—1-12-23—M&T—500 Blks.

1959-9 59

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14587

E 14587

113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 8-E WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna B Taylor.

(a) RESIDENCE NO. 1705 N. Dallas ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 23 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Pattie Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records — JOHNS HOPKINS HOSPITAL
(Address)

15 Filed OCT - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1926, to Sept. 30, 1926, that I last saw h[illegible] alive on Sept. 30, 1926 and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute enteritis colitis (not dysentery)
Cardiac thrombosis

(duration) ..... yrs. ..... mos 11 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thomas A. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gastony Cemetery

DATE OF BURIAL Oct 2 1926

20 UNDERTAKER Robert H Mullins 1515 N. McCulloh St

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

E 14588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001 E 14588

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Johnson

(a) RESIDENCE NO. 1733 Ashland Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	col	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Perliner Johnson

6 DATE OF BIRTH (month, day, and year) Apr -1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	5	###	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Stone Quarry

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Jessie Johnson

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) "

14 Informant (Address) Perliner Johnson 1733 Ashland Ave

15 Filed 1-1 1926 19 C. HARRISON [illegible] M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 29/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

about 3 or 4 hrs (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) undetermined (duration) ...yrs. ...mos. ...ds.

(Signed) J. H. Bates M. D. (Coroner)

Oct 1, 1926 (Address) 508 Monta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathay Cemetery Date of Burial Oct 1, 1926

20 UNDERTAKER Mrs. A. A. Elliott ADDRESS 1725 Ashland Ave

Spec.—12-9-25—A Co.—200 Bks.

E 14589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14589

161-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2226 E Lanvale St., 8-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Frank G. Gang

(a) RESIDENCE NO. 2226 E. Lanvale St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): C

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 1, 1926

7 AGE — Years | Months | Days | IF LESS than 1 day, 2 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: C

(b) General nature of industry, business, or establishment in which employed (or employer): C

(c) Name of employer: C

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Frank G Gang

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Eleanor R Wagner

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Frank G Gang

(Address): 2226 E Lanvale St

15 Filed OCT 1 1926 C. HAMPSON JONES, M. D. Registrar

Per KRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Oct 1, 1926, that I last saw him alive on Oct 1, 1926, and that death occurred, on the date stated above, at 4 X m.

The CAUSE OF DEATH* was as follows: Debility, Premature about 0 mo — 1

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. L Fair, M. D.

, 19 (Address) 2704 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cem.	10/1/26 19
20 UNDERTAKER	**ADDRESS**
George J. Ruth	1735 Hanford

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14590

CERTIFICATE OF DEATH.

75-001

E 14590

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St., 22 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Finnegan

(a) RESIDENCE NO. 660 Portland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE: Years 68; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER George Moore

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Madelane —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Maryland

14 Informant: City Hospital Records

(Address)

15 Filed ..... 19..... C. HARRISON JONES, M. D.

1 - 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 27 1926

17

I HEREBY CERTIFY, That I attended deceased from September 15, 1926, to September 27, 1926, that I last saw her alive on September 27, 1926 and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Fractured left humerus

Probably thrombotic

Senile Deterioration

(duration) ? yrs. ..... mos. ? ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Sept 27 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Oct 2 1926

20 UNDERTAKER: Jos Joerdens & Son — ADDRESS: 2173 Pa...

Spec.—1-10-21—M&T—1500 Bks.

E 14591 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 14591

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry J. C. Heim

(a) RESIDENCE No. 2223 Orleans ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. 9 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed~~, or ~~Divorced~~, (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 26/26

7 AGE: Years — Months 9 8 — Days 4 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Harry Heim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Annie Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Harry Heim (Address) 2223 Orleans St.

15 Filed 1 1926 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-30 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-29, 1926, to 9-30, 1926,

that I last saw h[illegible] alive on 9-30, 1926,

and that death occurred, on the date stated above, at 9 p m.

The CAUSE OF DEATH* was as follows:

Acute severe gastro-intestinal disturbance

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) J. Wm. Seligs, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: Oct 3 1926

20 UNDERTAKER: Thos C. Mullestson — ADDRESS: 2334 Eutaw

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14592

CERTIFICATE OF DEATH.

66 E 14592

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital, St., 761 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Dwezmuski

(a) RESIDENCE NO. Not Known St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	M Known

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 —			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

BIRTHPLACE (city or town) —
(State or country)

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town)
(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant
(Address)

Filed 1926, 192 C. HAMPSON JONES, M. D.
Per 0689 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(Duration) yrs. Instant mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) C. H. Jones, M. D.
(Coroner)

Oct 1/26 (Address) 1426 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL OCT 1 1926 192

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND.
Commissioner Health,
Wm. S. Woodall.

Spec.—1-12-27—MT—500 Blks.

1926 E 14593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14593

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME James R adams

(a) RESIDENCE No. 133-4th St. Frederick ST., Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or min.
		4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(e) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frank adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Rel'd

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

1926 Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1926, to Oct. 1st, 1926, that I last saw h.e alive on Oct 1st, 1926, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis
complicated by pharyngitis, laryngitis and acute otitis media

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas D Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick, Md.	Oct. 2 1926.
20 UNDERTAKER M. R. Etchison & Son	ADDRESS Frederick Md.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14594

E 14594

CERTIFICATE OF DEATH.

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 428 Fawcett St

CITY OF BALTIMORE: (No. 428 Fawcett St. ST. 12-2 WARD)

2-FULL NAME Frederick F Buchman.

(a) RESIDENCE No. 428 Fawcett ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6 ~~married, widowed, or divorced~~ HUSBAND of ~~not Widowed~~ Alice B Buchman

7 DATE OF BIRTH (month, day, and year) Oct 12, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	47.	11.	18.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Flagman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer M & P. R.R.

BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland.

10 NAME OF FATHER: Edw. Buchman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Julia Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Alice B. Buchman

(Address) 428 Fawcett St

Filed 1926

C. HAMPSON JONES, M. D. Registrar

Per C.E.J.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1925, to Sept 30, 1926

that I last saw him alive on Sept 30, 1926

and that death occurred, on the date stated above, at 10.20 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonary

Autopsy (duration) yrs. ? mos. Few ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. E. Henderson M. D.

Sept 30, 1926 (Address) 1120 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Moriah Harmansdale	10/4 1926
20 UNDERTAKER	ADDRESS
J Walter Davis	3307 Wainer

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14595 E 14595

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (T.B. 13 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tony Siteranos

(a) RESIDENCE NO. 16 Harrison st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece Island

PARENTS

10 NAME OF FATHER George Siteranos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece Island

12 MAIDEN NAME OF MOTHER Arema Farazos

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece Island

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.
1926 Per RRB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1925, to Sept. 30, 1926, that I last saw him alive on Sept. 30, 1926, and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. E. Gatlens M. D.

9-30, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Oct 2 1926
20 UNDERTAKER Wm Cook	ADDRESS 50 E Mulb

Spec.—1-12-23—M&T—500 Bks.

E 14596

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14596

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] ST. 75-49 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Earl Holbein

(a) RESIDENCE NO. Cherry Hill. Westport ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 22 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Edw. E. Holbein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Gertrude Sheckells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Edw. E. Holbein

(Address) Cherry Hill

Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1926, to Oct 1, 1926, that I last saw him alive on Oct 1, 1926, and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) ... yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron E. Tull, M. D.

10/1, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Oct 2 1926

20 UNDERTAKER William Cook — ADDRESS 3026 North

Spec.—1-12-26—M&T—500 Bks.

19608 1

E 14597 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14597

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME William Ross

(a) RESIDENCE · No. 236 Halsey St ST., Brooklyn, N Y WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July - 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER William Ross

11 BIRTHPLACE OF FATHER (city or town) N. Y. (State or country)

12 MAIDEN NAME OF MOTHER Wilhelmina Dewar

13 BIRTHPLACE OF MOTHER (city or town) N. Y. (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... C. THOMPSON JONES, M. D. Registrar

1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 29th, 1926, to Oct 1st, 1926, that I last saw him alive on Oct 1st, 1926, and that death occurred, on the date stated above, at 230 P m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Oct 1st 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George G. Finney, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brooklyn N Y	10/1/26
20 UNDERTAKER	ADDRESS
Joseph abrems	224 Berry

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14598

CERTIFICATE OF DEATH.

E 14598

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 121 Roland Ave Roland Park 7 | 7-6 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Pierce King

(a) RESIDENCE No. 121 Roland ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. — mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Henry S. King

6 DATE OF BIRTH (month, day, and year): Sept 12 1837

7 AGE — Years: 89 — Months: — — Days: 19 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Job Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Urath Stevenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co Md.

Informant: Mrs Louisa K. Butler

(Address) 121 Roland ave Roland Park

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/10 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/13, 1926, to 9/28, 1926, that I last saw h[illegible] alive on 9/28, 1926, and that death occurred, on the date stated above, at 12.05 am.

The CAUSE OF DEATH* was as follows:

Fracture R thigh.

Changing seat took over chair to another on the porch at home.

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Hubert Thelhaber M. D.

10/11, 1926 (Address) 1403 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Oct 2 1926

20 UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. North Ave

Spec.—1-10-21 M&T 1500 Bks.

E 14599 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 14599

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (ST. 5-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Clarke

(a) RESIDENCE NO. (8) 25 S. High st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	64			

8 OCCUPATION OF DECEASED

(e) Trade, profession or particular kind of work Clerk

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laffe Bertrand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1926, to Sept. 29, 1926, that I last saw him alive on Sept. 29, 1926, and that death occurred, on the date stated above, at 3.10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous enteritis

Tuberculous laryngitis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. E. Gattens, M. D.

9-29-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Abingdon M.E. Cemetery	Oct. 3 1926
20 UNDERTAKER Howard K McCleana	ADDRESS Abingdon Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14600

CERTIFICATE OF DEATH.

90

E 14600

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 521 N. Calhoun St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Miller

(a) RESIDENCE NO. 521 N. Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stewart Miller

6 DATE OF BIRTH (month, day, and year) April 4, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Alabama

PARENTS

10 NAME OF FATHER Steward Coleman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ala. Alabama

12 MAIDEN NAME OF MOTHER Louisa Parker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Alabama

14 Informant Stewart Miller

(Address) 521 N. Calhoun St.

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

1926 Oct 15

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

..... (duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner)

....., 19.. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Fair View	Oct 15 1926

20 UNDERTAKER	ADDRESS
Chas. H. Grace & Son	1400 Mosher

Spec.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14601 90 **E 14601**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO._____

City of BALTIMORE: (No._____ St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Williams

(a) RESIDENCE NO. 736 Peppis Court St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
55	Given 65 Known 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER George Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant City Hospital Records

(Address)

15 Filed_____ 19 26 C. THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 28 1926

17

I HEREBY CERTIFY, That I attended deceased from May 10, 19 26, to September 26, 19 26,

that I last saw him alive on September 26, 19 26,

and that death occurred, on the date stated above, at 2 55 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

Senility, Myocardial Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) C. Thompson Jones, M. D.

9/29/1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion ct Date of Burial Oct 2 192-

20 UNDERTAKER L L Brown and Son ADDRESS 108 W Monument St

Spec.—12-9-25—A Co.—200 Bks.

E 14602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14602

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 34 Cherry Ave St., 26-2 Ward)

2-FULL NAME Charles A Zimmerman

(a) RESIDENCE NO. 34 Cherry Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5ft mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of Mary K Zimmerman

6 DATE OF BIRTH (month, day, and year): Sept 24 1868

7 AGE: Years 57; Months; Days 1; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 66

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jacob J Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Martha Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mary K Zimmerman (Address) 34 Cherry Ave

15 Filed Sept 30 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1926, to Sept 29th 1926, that I last saw him alive on Sept 29th 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Liver, Enlarged Heart & Vessels.

(duration) about 1 yr. yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert S Webster MD M. D.

Sept 30 1926 (Address) 703 Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Date of Burial Oct 2 1926

20 UNDERTAKER: Robt J Smith ADDRESS Govans Md

N. O'Mara

Spec.—1-10-21 M&T—1500 Bks.

E 14603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14603

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....
(if death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) 4-2 74 991

2-FULL NAME George F. Hansen

(a) RESIDENCE NO. Philadelphia Rd Edgewater Lane, ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hansen

6 DATE OF BIRTH (month, day, and year) May 24 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	67	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany Baltimore

PARENTS

10 NAME OF FATHER Georg Hansen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant City Hospital Records
(Address) Mass House Take Slate

15 Filed 1926 C. HAMPSON JONES, Jr. Dr.
Per RPK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 30 1926

17 I HEREBY CERTIFY, That I attended deceased from September 10, 1926, to September 30, 1926, that I last saw him alive on September 30, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis
Hypostatic Pneumonia
Senility

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) A. Hooper Smith, M. D.

9-1 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Dale Cemetery — DATE OF BURIAL Oct 3 1926

20 UNDERTAKER Lud's Heimann — ADDRESS 325 Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 14604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14604

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. or Eleanor St. 6-1 WARD)

REGISTERED NO. 91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Jackson

(a) RESIDENCE NO. 209 North Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Maryland

PARENTS

10 NAME OF FATHER Bennie Smith

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Butla —

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 29 1926

17

I HEREBY CERTIFY, That I attended deceased from September 23, 1926, to September 29, 1926,

that I last saw her alive on September 28, 1926,

and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Succubus Coronary arch of Aorta

Tracheal Obstruction

Myocardial Insufficiency ?

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Thompson Smith, M. D.

at 1, 1926 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Levy Grove Cem.	19
20 UNDERTAKER	ADDRESS
Theodore White	1135 Madison Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14605

E 14605

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 8-2 WARD)

2-FULL NAME Thomas Hudson

(a) RESIDENCE NO. 1743 N. Deweese St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W -	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Hudson

6 DATE OF BIRTH (month, day, and year) Apr 23, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	72	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Joseph Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Caroline Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England?

14 Informant Louisa McLoughlin
(Address) 2016 Jenkins Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar
Par .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1926 to Sept. 30, 1926, that I last saw him alive on Sept. 30, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Left Cerebral Hemorrhage Left Hemiplegia Left Leg.

(duration) Unknown ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia (duration) ... yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. B. Laycock, M. D.

, 19 (Address) Balto. City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem — DATE OF BURIAL Oct 4 1926

20 UNDERTAKER W. M. Cook — ADDRESS 502 E Monument

E 14606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14606

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital. St. 10-2 Ward) 186

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Minnick

(Residence in Baltimore: No. 805 Greenmount Ave. St.; yrs. 15 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	W	

6-DATE OF BIRTH. Arpril (Month) 4th (Day) 1871 (Year)

7-AGE. 55 yrs. 45 mos. 5 ds. 25 — If LESS than 1 day, ...hrs. or....mtn.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Steamdrill Opr.
(b) General nature of industry, business, or establishment in which employed or employer): T. C. Davis

9-BIRTHPLACE, (State or Country): Maryland

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER, (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Ida Minnick

(Address) 805 Greenmount Ave.

C. HAMPSON JONES, M. D.

ed 1926 Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept 27 (Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Struck by Steam drill Lost)

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. Morrison M. D.
(Coroner.)

10/2 1926 (Address) 632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Baltimore — DATE OF BURIAL. [redacted] 1926

20-UNDERTAKER. Wilman Coop — ADDRESS 502 E. h. ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14607

E 14607

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. North Broadway St., 181 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Walter Skinner

(a) RESIDENCE NO. 532 N. Arlington Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Virginia Skinner

6 DATE OF BIRTH (month, day, and year) Sept 25 1849

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	77		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country) Kent Co Md

PARENTS

10 NAME OF FATHER John T. Skinner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Gale

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs Virginia Skinner

(Address) Same

15 Filed ..... 19 ..... C. JAMESON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct 1st - 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 29, 1926, to Oct 1st, 1926, that I last saw him alive on Oct 1st, 1926, and that death occurred, on the date stated above, at 12 45 P.m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy

Nephritis, Chro.

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of Aug 30, 1926

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George B Brack, M. D.

, 19 (Address) Aberdeen Stone Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Chestertown Md	Oct 4 1926

20 UNDERTAKER	ADDRESS
John O. Mitchell	120 Lafayette

Spec.—1-10-21—M&T—1500 Bks.

E 14608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14608

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2119 (Bremen) (St.) 75-3 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa A. Loney

(a) RESIDENCE NO. 2119 Bremen ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis H. Loney

6 DATE OF BIRTH (month, day, and year) Apr. 8. 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	83	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Irvine McLaughlen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Daisy May Gibney

(Address) 2 Montana Ave

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Sept 30, 1926,

that I last saw h[illegible] alive on Sept 30, 1926,

and that death occurred, on the date stated above, at 2:40 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 3 mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Oct 4 1926 (Address) 2320 Park Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct. 4 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: John O. Mitchell

E 14609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14609

CERTIFICATE OF DEATH.

112

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1609 N. Lexington St. 191 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaiah A. Chew

(Residence in Baltimore: No. 1609 N. Lexington St.; yrs. 40 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Colrd	Married

6-DATE OF BIRTH. Jan 6 1886
(Month) (Day) (Year)

7-AGE, 40 yrs. 8 mos. 24 ds. If LESS than 1 day, ...hrs. or ....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Asst Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing Store

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER. Edward Chew

11-BIRTHPLACE OF FATHER, (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Rebecca Williams

13-BIRTHPLACE OF MOTHER, (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucy Chew

(Address) 1609 W. Lexington St

15-

Filed ..... C. HAMPSON JONES, M. D., Registrar.

1926 Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept 30 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Acute Indigestion

20 min.

(Duration) ..... hrs. ..... mins. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. D. Horton M. D.

Sept 30 1926 (Address) Curtis Bay, Md.

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal. Heart Trouble

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Auburn	Oct 3 — 1926

20-UNDERTAKER.	ADDRESS
J. L. Brown & Son	1614 N. Monroe St

Spec.—1-10-21—M&T—1500 Bks.

E 14610

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14610

CERTIFICATE OF DEATH.

31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Brighton ST. 16-1 WARD)

2-FULL NAME Elias S Gaithes

(a) RESIDENCE NO. 2915 Brighton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ (or) HUSBAND of ~~WIFE of~~ Fannie E. Gaithes

6 DATE OF BIRTH (month, day, and year) Oct 3 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	67	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk for

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Griffith & Turner

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Elijah Gaithes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Mary J Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

14 Informant Mrs Fannie E Gaithes (Address) 2915 Brighton St

15 Filed OCT 1 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1926, to Oct. 1, 1926, that I last saw h wife alive on Oct. 1, 1926, and that death occurred, on the date stated above, at 8 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? P.E.

(Signed) Homer L. Wood, M. D.

(Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL OCT 4 1926

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE

Spec.—12-9-25—A Co.—200 Bks.

E 14611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-201

E 14611

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St. 181 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Garnett

(a) RESIDENCE NO. 943 Sarah Ann St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rag Collector

(b) General nature of industry, business, or establishment in which employed (or employer) 886

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Virginia

PARENTS

10 NAME OF FATHER Antony Garnett

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Betty Robinson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Virginia

14 Informant _____

(Address) City Hospital Records

15 Filed _____, 19 _____ Per _____ Registrar

C. HAMPSON JONES, M. D.
1926 0692

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 30 1926

17

I HEREBY CERTIFY, That I attended deceased from May 21, 19 26, to September 30, 19 26, that I last saw him alive on September 28, 19 26, and that death occurred, on the date stated above, at 1 00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Hypertension

Residual left hemiplegia (Thrombotic)

(duration) ? yrs. 9 mos. ds.

CONTRIBUTORY Cerebral Hemorrhage

(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? general & Laboratory

(Signed) R Hooper Lamb, M. D.

Oct 1, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

20 UNDERTAKER — ADDRESS

OCT 2 1926

BALTIMORE CITY HOSPITALS
UNIVERSITY OF MARYLAND

Spec.—1-10-21—M&T—1500 Bks.

E 14612 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14612

CERTIFICATE OF DEATH. 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Pegram

(a) RESIDENCE No. 700 Eutaw street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook -

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia (State or country)

PARENTS

10 NAME OF FATHER Dan Pegram

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Susan ?

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant (Address)

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per 0691

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926 to Sept 27, 1926 that I last saw her alive on Sept 27, 1926 and that death occurred, on the date stated above, at 4:00 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Ovary

(duration) 10 days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No. Surgical Lesion

What test confirmed diagnosis?

(Signed) B. Lapsley M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND.

DATE OF BURIAL 1926

20 UNDERTAKER

ADDRESS

OCT

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14613 E 14613

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Chalk St. ST. 16-6 WARD)

2-FULL NAME Annie Nicks 1624 Chalk St.

(a) RESIDENCE NO. Same as above. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE — Years: 54 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Georgiana Elliotte (Address) 1624 Chalk St.

15 Filed 1926 — C. HAMPSON JONES, M.D. Registrar — Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29/1926

17 I HEREBY CERTIFY, That I attended deceased from 9-25, 1926, to 9-29, 1926, that I last saw h[illegible] alive on 9-29, 1926, and that death occurred, on the date stated above, at 9:20 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 0 yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) ..... M. D.

9-29, 1926 (Address) 1122 N Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Oct 3, 1926

20 UNDERTAKER: Daniel Taylor's — ADDRESS: Penna Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14614

CERTIFICATE OF DEATH.

118-002

E 14614

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Osborne Young

(a) RESIDENCE NO. Towson Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 25 - 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Md

PARENTS

10 NAME OF FATHER Chas Young

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md

12 MAIDEN NAME OF MOTHER Lavinia Brown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md

14 Informant Annie Young

(Address) 119 N. Charles Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/1 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Samuel A Straker M. D. (Coroner)

, 19 24 (Address) 3325 Pattapsco

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest Towson Md Date of Burial 10/4 1926

20 UNDERTAKER: John Burns Sons ADDRESS: Towson

Cor.—1-12-23—M&T—100 Bks.

E 14615

HEALTH DEPARTMENT—CITY OF BALTIMORE

66 E 14615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Alice Ann St. WARD 23)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Connelly

(a) RESIDENCE No. 2026 Alice Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 4 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ...min.
	49	9	27	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto. Md
(State or country)

10 NAME OF FATHER Michael Connelly

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Alice Healy

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Mary Kelcay
(Address) 1916 Eastern Ave

Filed 1926, 192 C. HAMPSON JONES, M. D. Registrar

Per ....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7— 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) Exhaustion yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Hades, M. D.
(Coroner.)

Oct 7 , 192 (Address) 123 N Dmay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	Oct 2 192
20 UNDERTAKER	ADDRESS
Lilly Zeiler	413 S. Wolfe

Spec.—1-12-23—M&T—500 Bks.

25 347

E 14616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14616

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 17-2 WARD)

2-FULL NAME Arthur Johnson

(a) RESIDENCE No. 826 Edmondson Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Johnson

7 DATE OF BIRTH (month, day, and year): 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Texas

10 NAME OF FATHER: Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Eliz. Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Texas

Informant: Records JOHNS HOPKINS HOSPITAL

(Address)

Filed ..... 1926 C. 19 HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 6, 1926, to Sept. 30, 1926, that I last saw h~~im~~ alive on Sept 30, 1926, and that death occurred, on the date stated above, at 2.45 ~~P.~~ m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis with hypertension, myocardial insufficiency.

(duration) 4 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical laboratory.

(Signed) Louise C. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 9-30-26

20 UNDERTAKER: Edward Brinsley

ADDRESS 1538 W Baltimore

Cor.—1-12-23—M&T—100 Bks.

E 14617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14617

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 14-1 WARD)

REGISTERED NO. 188-033

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Jackson

(a) RESIDENCE No. 1408 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Jackson

7 DATE OF BIRTH (month, day, and year) 1880

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bates Md

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Sarah Jackson
(Address) 1408 Druid Hill Ave

Filed 1926 C. THOMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/26/1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock
Automobile accident
Struck by machine at Pennsylvania and Druid Hill Ave (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism (duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)
, 1926 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem DATE OF BURIAL 9/28/1926

20 UNDERTAKER Samuel B Hensley ADDRESS 538 N Bond

Spec.—1-10-21—M&T—1500 Bks.

E 14618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 129

E 14618

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1032 Hidgley St. 21-3 (WARD)

2-FULL NAME Sarah Jackson

(a) RESIDENCE NO. 1032 Ridgley St., WARD Victoria Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Sochus Jackson

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: Years 59; Months; Days; If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Guy Ridout

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Harriet Eddons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Geo Jackson

(Address): Victoria Va

Filed 1926 C. THAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-1-1926

17 I HEREBY CERTIFY, That I attended deceased from 9-1, 1926, to 10-1, 1926

that I last saw h... alive on 10-1-, 1926

and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Oedema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Thos Dawson M. D.

19 (Address) Victoria Va

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Victoria Va — DATE OF BURIAL: 10-3 1926

20 UNDERTAKER: Samuel D Stanley — ADDRESS 728 W Baltimore St

Spec.—1-12-26—XXT—500 Blks.

95 8 92

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14619

CERTIFICATE OF DEATH.

E 14619

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 22-2 57 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Isabel Fowlkes

(a) RESIDENCE NO. 223 N. Spring. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) ~ 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	42			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Robert Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Hannah Strayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. HAMPSON JONES, M. D. Registrar

BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1926, to Sept. 30, 1926, that I last saw h[illegible] alive on Sept 30, 1926, and that death occurred, on the date stated above, at 9 45 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Staphylococcus aureus Septicemia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture: Blood Sugar

(Signed) Louis C. Marten, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star Cemetery	10/5 1926
20 UNDERTAKER	ADDRESS
Jas. Wm. Simmes	1620 E. Mad st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14620

CERTIFICATE OF DEATH.

129

E 14620

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No 321 E. 22nd St. 12-5 Ward)

2-FULL NAME Elizabeth Gunzleman

(a) RESIDENCE NO. 321 E. 22 St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Gunzleman.

6 DATE OF BIRTH (month, day, and year): Feb. 28. 1847

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	79	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Reese

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER M. Knecht.

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore Md.

14 Informant Mrs. A. M. Reese

(Address) 321 E. 22nd St.

15 Filed Oct 19 1926 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

October 1st 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1 1926, to Oct 1 1926, that I last saw h-r alive on Sept 30 1926, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) do not know yrs. mos. ds.

CONTRIBUTORY (Secondary) old age

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) K. L. Key Elk., M. D.

(Address) Westwood apts. Oct. 19 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Holy Redeemer Cem. Date of Burial: 10/3/1926

20 UNDERTAKER: Mary M. Wiedefeld. ADDRESS: 501 E. 22 St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14621

E 14621

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Longwood Road St., 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Edgar Fluhartz

(a) RESIDENCE NO. 4 Longwood Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married

5a If married, widowed, or divorced HUSBAND of (or:) WIFE of Florence Matthews Fluhartz

6 DATE OF BIRTH (month, day, and year) May 1. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	64	5 4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleesmen

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Thomas J. Fluhartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Mann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Florence M. Fluhartz

(Address) 4 Longwood Road

Filed ..... 19 ..... Registrar

(HAMPSON JONES, M. D.)

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1926, to Oct. 2, 1926, that I last saw him alive on Oct. 2. 1926, and that death occurred, on the date stated above, at 1.40 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema due to heart failure. Heart Block

(duration) about 1 hr + 40 m yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 5 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. Gibson Perlin M. D.

10/2, 19 26 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Oct 4 1926

20 UNDERTAKER John O'Neill

ADDRESS 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14622 | CERTIFICATE OF DEATH. | 13 | E 14622

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (ST.) 98-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Israel Levey

(a) RESIDENCE NO. 4100 Cathedral ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 27 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? 27 yrs. 7 mos. 28 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda Levey nee Baer

6 DATE OF BIRTH (month, day, and year) Feb 2/1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

10 NAME OF FATHER Samuel Levey

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Leah Nitzbergnewspy Sept 26

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

Informant S. Levey (Address) 4017 Cathedral ave

Filed 10-3 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 1926 to Sept 30 1926 that I last saw h living alive on Sept 30 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Hydro pyonephrosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood culture Clinical Signs

(Signed) Philip Cantor M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Southern ave — DATE OF BURIAL 10/3 1926

20 UNDERTAKER Joel Grimm & Bro — ADDRESS 127 E Balto st

spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14623

CERTIFICATE OF DEATH.

90 E 14623

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 N. Calhoun ST., 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel E Burk

(a) RESIDENCE No. 3 N. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John Burk

DATE OF BIRTH (month, day, and year) July 17 1844

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	2	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Howard Co Md

10 NAME OF FATHER Thomas Buckley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Rachel Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

Informant: Mrs. Margaret Buckley

(Address) 3 N. Calhoun St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30" 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1926, to Sept 30, 1926, that I last saw her alive on Sept. 30, 1926, and that death occurred, on the date stated above, at 8:10 P m.

The CAUSE OF DEATH* was as follows:

Chr. Bronchitis

(duration) yrs. 1 mos 10 ds. 10 da.

CONTRIBUTORY (Secondary) Pulmonary Congestion, Myocarditis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Anamnesis, Exam

(Signed) J M Dehuff, M. D.

9/ , 19 26 (Address) 7800 Eamson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem (Holy x)	Oct 4" 1926
20 UNDERTAKER: Wm. J. Cook	ADDRESS: 1003 N. Eutaw St.

T3 - 1926 THOMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14624

CERTIFICATE OF DEATH.

113 E 14624

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222-N Gilmor ST. 14-1 WARD)

2-FULL NAME Ernestine Evelyn Jackson

(a) RESIDENCE NO. 221-N Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 24

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	2	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Fayetteville N C
(State or country)

10 NAME OF FATHER Chas Jackson

11 BIRTHPLACE OF FATHER (city or town) Charlotte N C
(State or country)

12 MAIDEN NAME OF MOTHER Hassie Allen

13 BIRTHPLACE OF MOTHER (city or town) Virginia Va
(State or country)

Informant Chas Jackson
(Address) 221 N Gilmor

Filed ..... 19 .....

C. MARTSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-2 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct-1 1926 to Oct 2 1926

that I last saw h alive on Oct 1 1926

and that death occurred, on the date stated above, at 1 Oct 1926

The CAUSE OF DEATH* was as follows:

Enteritis - Colitis

(duration) yrs. mos 0 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Walter Jackson M. D.

, 19 (Address) 16 N W Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	Oct 4, 1926
20 UNDERTAKER	ADDRESS 322
Mrs. Katie R. Williams	N. Schroeder St

Spec—12-23-21—E.B.R.S.—400 Bks.

14625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37-001

E 14625

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 E. York St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. JOHN SAWULCHIK

(a) Residence No. 1 E. YORK St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) April 29.1925

7-AGE. 1 yrs. 5 mos. 2 ds. | If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. No
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town). Baltimore Md.
(State or Country),

10-NAME OF FATHER. Mik Sawulchik

11-BIRTHPLACE OF FATHER (city or town). Russia
(State or Country),

12-MAIDEN NAME OF MOTHER. Anne Kobokowih

13-BIRTHPLACE OF MOTHER (city or town). Russia
(State or Country),

PARENTS.

14-(Informant). Anne Sawulchik
(Address). 1 E York Street

15-OCT 3 1926 C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct. 2. 1926

17- I HEREBY CERTIFY, That I attended deceased from June 1st 19 26 to Oct 2d 19 26
that I last saw h alive on Oct 2d 19 26
and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(Duration) yrs. 4 mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia Lobularis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum Sputum

(Signed) Maurice Shudeck M. D.

19 (Address) 2225 Linden Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Russian Yndepedet	Oct. 3. 1926 19....
20-UNDERTAKER.	**ADDRESS**
John Grebliauckas	423 S Paca St.

LG

Spec.--1-10-21 M&T 1500 Blks.

E 14626 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 14626

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (4-B.) WARD)

2-FULL NAME Alexandria Nelson

(a) RESIDENCE NO. 738 Saratoga st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Ella Rebecca Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Hospital Records (Address)

Filed ..... 19 .....

C. THOMPSON JONES, M. D.

3 - 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1926, to Sept. 30, 1926, that I last saw him alive on Sept. 30, 1926, and that death occurred, on the date stated above, at 5.45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) M. E. Gattens M. D.

9-30-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL Oct 4 1926

20 UNDERTAKER R. L. Parham

ADDRESS 906 Leadenhall st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14627
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

8-4

114 E 14627
REGISTERED NO.

City of BALTIMORE: (No. 1125 N. Milton Avenue St. ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Edward Feeney

(a) RESIDENCE NO. 1125 N. Milton Avenue St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ____ mos. 11 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
Sept. 19th, 1922

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
4		0	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Bartholomew M. Feeney
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Cordelia E. Baer
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mr. Bartholomew M. Feeney
(Address) 1125 N. Milton Avenue

Filed ____ 19__ C. HAMPSON JONES, M. D. Registrar
13 - 1926 Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 19 26, to Sept 30, 19 26, that I last saw h alive on Sept 30 19 26, and that death occurred, on the date stated above, at 11.45 A. M.

The CAUSE OF DEATH* was as follows:

Otitis bullitis

(duration) ____ yrs. ____ mos. 17 ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Typical Signs

(Signed) J. E. Kehrer, M. D.

Sept 1926 (Address) 130 N Pat St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 10/4/26 19
Mt Pleasant Cem Woodstock Md.

20 UNDERTAKER Chas J. Braun & Son ADDRESS 1180 N Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14628

CERTIFICATE OF DEATH.

44 E 14628

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1516 N Rose St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine Pasocha

(a) RESIDENCE NO. 1516 N. Rose St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Pasocha

6 DATE OF BIRTH (month, day, and year): May 4 1844

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
82	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Not Known

14 Informant Catherine Pasocha

(Address) 1516 N. Rose St

15 Filed OCT 3 - 1926 C. KEMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18 1926, to Sept. 30 1926, that I last saw h[illegible] alive on Sept 30 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. Cobiliad, M. D.

, 19 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Oct 4 1926

20 UNDERTAKER: Frank E Cockson — ADDRESS: 1900 Eastlake

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14629

CERTIFICATE OF DEATH.

179 E 14629

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST., 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Walsh.

(a) RESIDENCE No. 2011 Boone St. ST., 4th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bessie Walsh.

6 DATE OF BIRTH (month, day, and year) Oct. 14, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	59	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Theatrical Mgr.

(b) General nature of industry, business, or establishment in which employed (or employer) Theatrical Business.

(c) Name of employer Keith Circuit.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Walsh.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Josephine Healy.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md. (State or country)

Informant Mrs. Bessie Walsh (Address) 2011 Boone St.

Filed — 19 — Per — Registrar

C. HARRISON JONES, M. D.

3 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1926, to Sept 30, 1926, that I last saw him alive on Sept 30, 1926, and that death occurred, on the date stated above, at 5:01 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

(duration) — yrs. — mos. ? ds.

CONTRIBUTORY (Secondary) Peritonitis & Chr. Diffused Nephritis

(duration) — yrs. — mos. ? ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes. Date of Sept 25, 1926

Was there an autopsy? No. Diagnosis Confirmed

What test confirmed diagnosis? Clinical.

(Signed) Jno A Compton, M. D.

, 19 (Address) Mt Vernon Hospl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 9-30 1926

20 UNDERTAKER — ADDRESS

H. B. Wagner, 1151 W. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14630

CERTIFICATE OF DEATH.

90 E 14630

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Mulberry ST. H-1 WARD)

2-FULL NAME Wm. Liggins

(a) RESIDENCE NO. 625 Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 28-1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	14	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER John Liggans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosalia Lowell

13 BIRTHPLACE OF MOTHER (City or town) (State or country) D.C.

14 Informant Amelia Liggins (Address) 625 N Mulberry St

15 Filed ....19.... Registrar

[illegible] 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1926, to Sept. 30 1926.

that I last saw h[illegible] alive on Sept 30, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Valvular Dis Heart

(Aortic Regurg.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Exam.

(Signed) David E. Wagner M. D.

10/2 1926 (Address) 1006 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Oct 3 1926

20 UNDERTAKER Samuel A Wesley ADDRESS N Bdle

Cor.—12-9-25—A Co.—200 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14631

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

3 E 14631

REGISTERED NO._____

City of BALTIMORE: (No. 174 W. Hamburg St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Laws. (C)

(a) RESIDENCE NO. 174 W. Hamburg St. St. _____ Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	---------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Do not know.

14 Informant Chadrick Harding. (C)

(Address) 1130 W. Mulberry St.

15 Filed OCT 13 1926 SAMPSON JONES, M. D.

Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Leonhardt M. D. (Coroner)

10/8 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cem	Oct 4 1926
20 UNDERTAKER	ADDRESS
Harry Farber	916 Park.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14632

CERTIFICATE OF DEATH.

11 2 E 14632

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen'l Hosp. St. 14-1 Ward)

2-FULL NAME Mrs Dolly Bennett

(a) RESIDENCE NO. 1415 Bennett St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE: Years 49 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waitress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Maud Timms

(Address) 1415 Bennett St

15 Filed 13 - 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac. Indig. Hyp. of Duct, (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Collapse (duration) yrs. mos. ds.

(Signed) C C Wade M. D.

Oct 2/26 (Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Oct 4/926

20 UNDERTAKER Daniel Carton ADDRESS 916 Gay

Cor.—1-12-23—M&T—100 Bks.

14633 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14633

CERTIFICATE OF DEATH.

REGISTERED NO. 188-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Moriah Hos 2132 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Stall

(a) RESIDENCE NO. 739 Mc Henry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Stall.

DATE OF BIRTH (month, day, and year) Nov. 10-1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Private Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country)

10 NAME OF FATHER Wm. H. Stall

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary J. Brannon

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant Fannie Stall
(Address) 366 N. Fulton Ave

Filed ..... 192 .....
1926 Per ..... Registrar

C. THOMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Samuel A Bowen, M. D.
(Coroner.)
, 192 (Address) 3325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Back to Country	Oct 4 1926
20 UNDERTAKER	ADDRESS
F A Kramer & Son	703 Hanover St

E 14634

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14634

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2928 Bernard St. 12-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa H Mills

(Residence in Baltimore: No. 2928 Bernard St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Widowed

6-DATE OF BIRTH. Nov (Month) 27 (Day) 1855 (Year)

7-AGE. 70 yrs. 10 mos. 3 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... At Home
(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

9-BIRTHPLACE, (State or Country). Baltimore, Md

10-NAME OF FATHER. John T Bull

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry B Mills

(Address) 1631 W Pratt St

19.. C. HAMPSON JONES, M. D. Registrar.

3-1926 per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 30 (Day) 192.6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jobular Disease of Heart

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) F Arthur Norrasen M. D. (Coroner.)

Oct 1 192.6 (Address) 632 Rutland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BERIAL OR REMOVAL.	DATE OF BURIAL.
Baltimore	Oct 1 192.6
20-UNDERTAKER.	ADDRESS
H. Cook	502 E Monument

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14635

E 14635

CERTIFICATE OF DEATH.

74-004

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 601 E Chase St. 10-1 Ward)

2-FULL NAME Jno. A Elliott

(a) RESIDENCE NO. 601 E Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4 1872

7 AGE: Years 54 Months 7 Days 28 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

10 NAME OF FATHER Jno Elliott

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Mary Dean

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant M. Elliott

(Address) 601 E. Chase

Filed OCT 3 1926 THOMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 2/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Sudden (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) W. P. Riley M. D.

(Coroner)

Oct 2, 1926 (Address) 1639 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial 10/5 1926

20 UNDERTAKER: Wm Cook — ADDRESS 502 E North Ave

Spec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14636 — 74-001 — E 14636

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2105 Huntingdon St. 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Imengel

(a) RESIDENCE No 2105 Huntingdon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F — 4 COLOR OR RACE W — 5 Single, Married, Widowed, or Divorced, (write the word) M

6a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Andrew J. Imengel

7 DATE OF BIRTH (month, day, and year) Mar 2 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	6	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry; business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ind.

10 NAME OF FATHER John Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER Annie Murphy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant John Imengel

(Address) 2105 Huntingdon ave

Filed Oct. 19 1926 — C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1926, to Oct 14, 1926,

that I last saw h~~e~~r alive on Oct 1, 1926,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) Dr. F. Seabel M. D.

, 19 (Address) 2105 Huntingdon st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 10/17 1926

20 UNDERTAKER J. C. Novak — ADDRESS 3000 E. Baltimore.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14637

CERTIFICATE OF DEATH.

10 E 14637

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST., 8-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hazel Bramble

(a) RESIDENCE NO. 1662 Darley Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (Write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Aug. 6, 1919

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	1	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Harry Bramble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Edna Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Harry Bramble
(Address) 1662 Darley Ave

Filed 1926 ..... 19 C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1926, to Oct 2, 1926, that I last saw her alive on Oct 2, 1926, and that death occurred, on the date stated above, at 1.45 p m.

The CAUSE OF DEATH* was as follows:

Nasal, Tonsillar & Pharyngeal Diphtheria

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Diphtheria Culture

(Signed) Myron G. Tull, M. D.

10/2, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Oct 4 1926

20 UNDERTAKER Hughes & Jones — ADDRESS 844 W Broadway

Maggie M. Stone

Spec.—1-10-21—M&T—1500 Bks.

E 14638 ✓ E 14638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+60-001-2

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Newton Stone (Maggie)

(a) RESIDENCE NO. 19 Vine St Greensboro N. C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of — Newton Stone

6 DATE OF BIRTH (month, day, and year) July 4, 1881

7 AGE: Years 45 Months 3 Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Samuel Brown

11 BIRTHPLACE OF FATHER (city or town) Virginia (State or country)

12 MAIDEN NAME OF MOTHER Eliza Dunnavan

13 BIRTHPLACE OF MOTHER (city or town) Virginia (State or country)

Informant Newton Stone (Address) Greensboro N C

Filed . 19 . Per C. THOMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1926, to Oct 4, 1926,

that I last saw h alive on Oct 4, 1926,

and that death occurred, on the date stated above, at 2:10 A m.

The CAUSE OF DEATH* was as follows:

1 Opthalmic Goitre

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Greensboro N C

Did an operation precede death? Yes Date of 9/30/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Curtis Wendry, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greensboro N.C. DATE OF BURIAL: Oct 6 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1201 W Lafayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14639

E 14639

CERTIFICATE OF DEATH

REGISTERED NO. 89

1-PLACE OF DEATH Baltimore, Md, Hamlyn Apts A 2

CITY OF BALTIMORE: (No. Canterbury Rd & 39th ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Charles Wilson

(a) RESIDENCE NO. Hamlyn Apts A2 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. — mos. 8 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Married to Ethel Messersmith Wilson

6 DATE OF BIRTH (month, day, and year) Sept 23, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	—	8	

8 OCCUPATION OF DECEASED 086

(a) Trade, profession or particular kind of work Executive officer in Dry Goods (wholesale) Store

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Dry Goods

(c) Name of employer John E Hurst & Co

9 BIRTHPLACE (city or town) Baltimore, Md (city)

(State or country)

10 NAME OF FATHER Alex. Chas. Robertson Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Laura Ellen Ray

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

Informant Leslie S. Wilson (Brother)

(Address) 3210 Barrington Place, Balto

Filed ..... 19... C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1 1926

17 I HEREBY CERTIFY, That I attended deceased from ..., 1915 ... to Oct 1 ..., 1926,

that I last saw him alive on Sept 27, 1926,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) ... yrs. ... mos 1 ds

CONTRIBUTORY (Secondary) Coronary sclerosis ?

(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sudden death following heart pain of 3 days duration

(Signed) Chas Cheyney M. D.

..., 19... (Address) 222 Wendover Rd. Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Oct 4 1926
20 UNDERTAKER	ADDRESS
H. J. Tschan & Son	Balto

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14640 — CERTIFICATE OF DEATH. — 113 — E 14640

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 16 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelaide May Patterson

(a) RESIDENCE NO. 833 Calvert on Rd ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 10, 1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER John L. Patterson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lama V. Ahl.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md

Informant
(Address) John L. Patterson 833 Calvert on Rd.

Filed ... 19 ... HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1926, to Oct. 1, 1926, that I last saw her alive on Oct. 1, 1926 and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute gastro-intestinal indigestion with diarrhea & intoxication

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth B. Sherman M. D.
, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Govans Presbyterian Cem	Oct. 4 1926
20 UNDERTAKER Wm. J. Tickner & Sons	ADDRESS North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14641

REGISTERED E 14641

1-PLACE OF DEATH

City of BALTIMORE: (No. George Buschman 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Little Sisters of the Poor.

(a) RESIDENCE NO. Preston Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Fundeper

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	88			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gen. Lab

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

10 NAME OF FATHER Anthony Buschman

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER Mary ×

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant Sister Florentine

(Address) Preston & Valley

15 Filed Oct 14 1926 19 Rev C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 19..., to ..., 19...,

that I last saw h[im] alive on Sept 30, 19 26,

and that death occurred, on the date stated above, at 6 15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria sclerosis

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F A Warner, M. D.

Oct 1, 19 26 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem Date of Burial 10/4 19 26

20 UNDERTAKER: Rider Rudefeld ADDRESS 914 Fremont

Spec.—1-10-21—M&T—1500 Bks.

E 14642 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+45

E 14642

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... ST., 1 WARD)

2-FULL NAME Mrs Robert S. Rogers Rodges

(a) RESIDENCE NO. 830 N. Limestone St. ST., ... WARD .....

(Usual place of abode) Springfield Ohio

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) July 9, 1873

7 AGE: Years 53 Months 2 Days 24 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) Agricultural Implements

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ohio

10 NAME OF FATHER Richard H Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Allie Kilgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

Informant Mrs R. M. Rodges

(Address) RR #3 Springfield Ohio

Filed 1 - 1926 H. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1926, to Oct 3, 1926, that I last saw h.m alive on Oct 3, 1926, and that death occurred, on the date stated above, at 5:05 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) ? Carcinoma of Ileum

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Springfield Ohio

Did an operation precede death? Yes Date of 9/27/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James Wilbur Wenburg, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Ohio — DATE OF BURIAL: Oct 4 1926

20 UNDERTAKER: Henry H Heckrotte & Son — ADDRESS: Cor Main & Limestone Sts

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14643

CERTIFICATE OF DEATH.

90 ✓

REGISTERED E 14643

1-PLACE OF DEATH Geneva Apts

CITY OF BALTIMORE: (No. 3405 Greenway ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilson Cary Mc-Henry

(a) RESIDENCE No. 3405 Greenway ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of ~~(or Wife of)~~ Late Edith Dove Mc-Henry

6 DATE OF BIRTH (month, day, and year) Jan 31st 1859

7 AGE: Years 67 | Months 8 | Days 2 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) Pikesville

(State or country) Baltimore County Md.

10 NAME OF FATHER James Howard Mc-Henry

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Sarah Nicholas Coey

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Virginia

Informant James Howard Mc-Henry

(Address) 3405 Greenway

Filed 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1926, to Oct 2nd, 1926, that I last saw him alive on Oct 2nd, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Kidney Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) C B Yeomans, M. D.

(Address) 24 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Thomas Garrison Forest — DATE OF BURIAL: Oct 4 1926

20 UNDERTAKER: Henry W Jenkins & Son Co. — ADDRESS: Orchard & Mt Holly

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14644

CERTIFICATE OF DEATH.

164 E 14644

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Covington

(a) RESIDENCE NO. Preston & Caroline St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John E Covington

6 DATE OF BIRTH (month, day, and year): Dec 11 1845

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	80	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Va

10 NAME OF FATHER Edwin Powell

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Va

12 MAIDEN NAME OF MOTHER Virginia White

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Va

14 Informant Sister Florence (Address) Preston & Caroline

15 Filed Oct 6 1925 G. HAMPSON JONES, M. D. Registrar Per R. L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 19 26

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19____, to [illegible] 19____, that I last saw her alive on Oct 1 19 26, and that death occurred, on the date stated above, at 12 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Senile dementia

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) F. H. Warner, M. D.

Oct 6, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Oct 4 1926

20 UNDERTAKER: W. M. Cook — ADDRESS: 507 E. North Ave

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 14645

1-PLACE OF DEATH E 14645

CITY OF BALTIMORE: (No. Baltimore City Hospitals (781 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Bernard Wooden

(a) RESIDENCE NO. 1018 Saratoga st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of single

6 DATE OF BIRTH (month, day, and year) Jan 23 1917

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	9	10	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER John Wooden

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Edna Blackton

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Unknown Md

Informant Hospital Records

(Address) C. Hamilton Jones, M. D.

Filed Per. 19 Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1926, to Oct. 1, 1926, that I last saw him alive on Oct. 1, 1926, and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous peritonitis

Tuberculous enteritis

(duration) Last several mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. C. Gatling M. D.

10-2-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL McCulloh Cemetery — DATE OF BURIAL Oct 4 1926

20 UNDERTAKER Mrs Scott Hooper — ADDRESS 406 W Lanvale St

Spec.—1-10-21 M&T 1500 Blks.

E 14646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14646

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 14-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME May Broadway

(a) RESIDENCE NO. 1515 Myrtle ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Col

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1904

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Richard Washington

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Gwathway

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant Hospital Records

Address [illegible]

Filed ....., 19 OCT 4 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1926, to Oct. 1, 1926.

that I last saw her alive on Oct. 1, 1926.

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Callen, M. D.

10-1-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Oct 4 26

20 UNDERTAKER Samuel H. Manley ADDRESS Belle

ec.—1-12-23—[illegible]T—500 Bks.

9612 7

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14647.

CERTIFICATE OF DEATH.

129

E 14647.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 6-1 WARD)

2-FULL NAME Celia Smith

(a) RESIDENCE NO. 1621 Hollidike ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Divorced.

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Jennie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Records JOHNS HOPKINS HOSPITAL (Address)

Filed OCT 4 - 1926 HAMPSON [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1926, to Oct. 2, 1926, that I last saw h alive on Oct. 2, 1926, and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial nephritis.

(duration) ..... yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Diphtheritic Conjunctivitis

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Louis C. Martin, M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morrison Va — DATE OF BURIAL oct 6 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14648

CERTIFICATE OF DEATH.

66 ✓

E 14648

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 821 Ashland Ave St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Berry

(a) RESIDENCE NO. 821 Ashland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	col	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown Berry

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Mr. F. Gardner

(c) Name of employer Ellicott City Md

9 BIRTHPLACE (city or town)

(State or country) St. Mary's Co.

10 NAME OF FATHER John H Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) St. Mary's Co.

12 MAIDEN NAME OF MOTHER Lina Berry

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St. Mary's Co Md

Informant (Sister) Ella Hughes

(Address) 728 Ajax Alley

Filed ..... 19 ..... Registrar

OCT 4 1926 HAMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

(Signed) J. H. Watts M. D.
(Coroner)

10-4-26 (Address) 508 E. North Ave Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery Date of Burial Oct 4, 1926

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 821 Ashland Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14649

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 Schaffer ave St. 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Joseph P. Langley

(a) Residence No. 14 Schaffer ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 20th 1869

7-AGE, 57 yrs. 4 mos. 12 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Photographer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country), md

10-NAME OF FATHER, Lewis J Langley

11-BIRTHPLACE OF FATHER (city or town) Baltimore
(State or Country), md

12-MAIDEN NAME OF MOTHER, Agnes R Bone

13-BIRTHPLACE OF MOTHER (city or town) Balto Co
(State or Country), md

(Informant) Lewis J Langley

(Address) 40 E Hamilton ave

OCT 4 - 1926 HAMPSON JONES, M.D.

Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 3rd 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 26 1926 to Oct 3 1926

that I last saw him alive on Oct 1 1926

and that death occurred, on the date stated above, at 7.30a m.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Contributory

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

10/4/26 (Address) Govt. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cem	Oct 6 1926
20-UNDERTAKER.	ADDRESS
George Schilling & Son	1126 E Monument

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14650

CERTIFICATE OF DEATH.

E 14650

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 S Robinson ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna Belzner

(a) RESIDENCE NO. 916 S Robinson ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John Belzner

7 DATE OF BIRTH (month, day, and year): Jan 17, 1838

8 AGE: Years 88 Months 8 Days 17 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER:

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Louis J Belzner

(Address) 916 S Robinson St

Filed 1926, 19

C. HAMPSON JONES, M. D.

Per [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 4 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1926, to Oct. 4, 1926

that I last saw her alive on Oct. 3, 1926

and that death occurred, on the date stated above, at 5 45 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 days

CONTRIBUTORY (Secondary): Arteric Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Dr. Feller, M. D.

, 19 (Address) 1937 Gough St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Immanuels Cemetery

DATE OF BURIAL: Oct 6 1926

20 UNDERTAKER: Louis Heemann

ADDRESS: 325 Broadway

Spec.—12-9-25—A Co.—200 Bks.

E 14651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14651

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO._____

City of BALTIMORE: (No. _____ St., 521 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Halton

(a) RESIDENCE NO. 432 North Front St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	53			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER John Holton

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Maggie Cotillo

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ireland

Informant City Hospital Records

(Address) Baltimore Md.

Filed 4 1926 19___ Per T.A. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 2 1926

17

I HEREBY CERTIFY, That I attended deceased from August 3, 1926, to October 2, 1926, that I last saw him alive on October 2, 1926, and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

Chronic Myocarditis

Myocardial Insufficiency

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY Myocardial Failure

(Secondary)

(duration) ___ yrs. 3 mos. ___ ds.

18 Where was disease contracted

If not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? yes

What test confirmed diagnosis? general & Laboratory

(Signed) Hooper Smith, M. D.

at 3, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. St Marys Sanatorium Date of Burial Oct 5 1926

20 UNDERTAKER Jos Joerdens Son ADDRESS 2173 Pac...

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14652

CERTIFICATE OF DEATH.

49 E 14652

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1511 N. Wolfe ST. 8-3 WARD)

2-FULL NAME Mary E. Dunham

(a) RESIDENCE No. 1511 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced (or) ~~HUSBAND~~ WIFE of Abraham Dunham

DATE OF BIRTH (month, day, and year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore, Md

10 NAME OF FATHER: Joseph Guy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Anna Gorley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Finland

Informant: James Guy

(Address): 1618 Madison St

Filed 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1926, to Oct 7, 1926.

that I last saw her alive on Oct 7, 1926,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right lung

(duration) yrs. 16 mos ds.

CONTRIBUTORY (Secondary) Senile Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? X Ray examination

(Signed) Chas. E. Gilchrist M. D.

10/8/1926 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	Oct 8 1926
20 UNDERTAKER: Robt J Turner Jr	ADDRESS: 1742 Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

14653 **CERTIFICATE OF DEATH.** **E 14653**

1-PLACE OF DEATH

City of BALTIMORE: (No. near 1004 E. Monument St. 10-W Ward)

owners of meat mkt

2-FULL NAME Joseph Kelly

(a) RESIDENCE NO. ~~1004~~ 907 E Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
59				

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) 0 50

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER Thos. Kelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Hart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

Informant Mrs. Kelly

(Address) 907 E Chase

Filed 4-1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

2 Oct - 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract skull accidentally struck by auto driven by unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W J Kelly M. D.

(Coroner)

Oct 4, 1926 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cemty Oct 4 1926

20 UNDERTAKER ADDRESS

Robt J Turner Sr 1144 Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 14654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14654

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 121 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel W. Smith

(a) RESIDENCE NO. 409 W. Nash St ST., WARD Wilson, N. Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of not known

DATE OF BIRTH (month, day, and year) Oct 31, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51 yrs	11	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacconist

(b) General nature of industry, business, or establishment in which employed (or employer) Owner of tobacco factory

(c) Name of employer

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER R. J. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER J. H. Corpe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

Informant Son (Clark Smith)

(Address) Wilson N.C.

Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1926, to Oct 3, 1926, that I last saw h[illegible] alive on Oct 3, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

about 6 yrs.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geraghty M. D.

, 19 (Address) Union memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wilson N.C.	Oct 4 1926
20 UNDERTAKER	ADDRESS
John O. Mitchell	120 W Fayetteville St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14655

CERTIFICATE OF DEATH.

+54

E 14655

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hos ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lumas Young

(a) RESIDENCE No. Laurens Co S.C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

6 If married, widowed, or divorced HUSBAND-of (or) WIFE of Minnie Bertha Young

DATE OF BIRTH (month, day, and year) Aug 8 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	1	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cleaner Presser

(b) General nature of industry, business, or establishment in which employed (or employer) Cleaner Presser

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Laurens Co, So. Carolina

10 NAME OF FATHER Williams Young

11 BIRTHPLACE OF FATHER (city or town) Laurens (State or country) S. C.

12 MAIDEN NAME OF MOTHER Etta Nunn

13 BIRTHPLACE OF MOTHER (city or town) Laurens (State or country) S. C.

Informant Luther Young

(Address) 1133 Hollins St.

Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

Per R.K.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Oct 3, 1926,

that I last saw h... alive on Oct 3, 1926,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. H. Hatcher, M. D.

10/3/1926 (Address) Grys Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bremen S.C. DATE OF BURIAL Oct 5 1926

20 UNDERTAKER Bunt W. Case & Son ADDRESS 1400 Mosher

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14656 — CERTIFICATE OF DEATH. — E 14656

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1504 Fairmount Ave. ST., 6-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hammond

(a) RESIDENCE No. 1504 Fairmount Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hammond

DATE OF BIRTH (month, day and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Blanche Cook

(Address) 504 Fairmount Ave

Filed 1926 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1926, to Oct 1, 1926, that I last saw her alive on Oct 1, 1926, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Benj Hamm, M. D.

, 19 (Address) 385 Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Oct. 4 1926

20 UNDERTAKER Chris. H. Johnson — ADDRESS 416 N. Carolina St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14657

166

E 14657.

E-14657

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Gen Hospital St., Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Farren

(a) RESIDENCE NO. 1600 E Chase St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Farren

6 DATE OF BIRTH (month, day, and year): 3/23/1896

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	30	6	7	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: _____

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: _____

8 BIRTHPLACE (city or town): Balto Md.

(State or country)

10 NAME OF FATHER: Frank Krug

11 BIRTHPLACE OF FATHER (city or town): Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER: Barbara Smith

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

Informant: W B & N

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide

Hg. Cl2- Tablets (37)

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Albuminuria

(duration) yrs. mos. 2 ds.

(Signed) G. L. Blades, M. D.

(Coroner)

Oct 2 1926 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem Date of Burial 10/4 1926

20 UNDERTAKER: George J Ruth ADDRESS 1735 Hanford Ave

Spec.—12-9-25—A Co.—200 Bks.

(Miglorri)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14658

CERTIFICATE OF DEATH.

49 Miglorri

E 14658

REGISTERED NO._____

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No._____ St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Miglorri

(a) RESIDENCE NO. 1716-East Lombard St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 35 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Miglorri

8 DATE OF BIRTH (month, day, and year): Aug 7 1883

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43 yrs.	1	25	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): 004

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Italy

10 NAME OF FATHER: Leonard Miglorri

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: [redacted] Dennis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

Informant: Lucy Miglorri

(Address): 1716 E Lombard

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 2 1926

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1926, to Oct 2, 1926, that I last saw him alive on Oct 2, 1926, and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of June 24-26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. Miglorri, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Oct 5 1926

20 UNDERTAKER: Kendall Diffel & Son — ADDRESS: 678 N

Spec.—1-10-21—M&T—1500 Bks.

E 14659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14659

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S. Rose ST. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME PETER W. RACZNIAK,

(a) RESIDENCE NO. 618 S. Rose ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Raczniak,

DATE OF BIRTH (month, day, and year) Dec. 21-1890.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	36	9	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 13

(c) Name of employer B & O. R.R.CO.

BIRTHPLACE (city or town) (State or country) Baltimore, MD.

10 NAME OF FATHER Joseph Raczniak,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Mary Sadoch,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

Informant Mrs. Anna Raczniak, (Wife)

(Address) 618 S. Rose Street

Filed 1926 C. THOMPSON JONES, M.D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/2/1926

17 I HEREBY CERTIFY, That I attended deceased from 9/6, 19 26, to 10/2, 19 26,

that I last saw h[illegible] alive on 10/[illegible], 19 26,

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Lead Poisoning

Tuberculosis Advanced

Pulmonary Tuberculosis ?

1 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) Arnold Dreshl, M. D.

, 19 26 (Address) 928 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
ST. STANISLAUS CEMETERY	10/6/26 19
20 UNDERTAKER W. F. Sadowski	ADDRESS 705 S. Ann St.

Spec.—1-10-21—M&T—1500 Bks.

E 14660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14660

CERTIFICATE OF DEATH.

13-474-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Madden

(a) RESIDENCE NO. 40th. & Cedar Ave ST., WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? 69 yrs. 10 mos. 4 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, and year) Dec. 18 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Martin Madden

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Julia Bayne

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

Informant Mr. Martin J Reilly (Nephew)

(Address) 702 Colorado Ave

Filed 1926 .19 C. THOMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 3rd 1925 to Oct 2nd 1926.

that I last saw her alive on Oct 2nd 1926.

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis.

(Signed) Wm B Hays M. D.

Oct 2. 1926 Address) Eutaw Apartments-Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Oct. 5 1926

20 UNDERTAKER

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 14661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14661

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1658 Gorsuch Ave ST., 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Alice Holden

(a) RESIDENCE NO. 1658 Gorsuch Ave ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? 50 yrs. 11 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin W. Holden

DATE OF BIRTH (month, day, and year) Nov. 23rd, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John D. Cunningham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary A. Barringer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Mr. Edwin W. Holden (Husband)

(Address) 1658 Gorsuch Ave.

Filed 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Oct 2, 1926, that I last saw her alive on Oct 2, 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M. D.

Oct 5, 1926 (Address) 2355 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Oct. 5 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.- 1-10-21 M&T 1500 Bks.

14662

HEALTH DEPARTMENT—CITY OF BALTIMORE E 14662

CERTIFICATE OF DEATH.

91-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Forrest ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie B. Winter

(a) RESIDENCE NO. 1107 Forrest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Winter

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	89			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER John Keenan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ire

12 MAIDEN NAME OF MOTHER Gorham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Emma Mc Afee

(Address) 1647 Aisquith St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1923, to Oct 4, 1926, that I last saw her alive on Oct 2, 1926, and that death occurred, on the date stated above, at 12 10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral arteriosclerosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton M. D.

10, 4, 1926 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Oct 6 26
20 UNDERTAKER	ADDRESS
J. A. Moran	Eager Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E 14663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14663

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square ST. Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Harry V Barry

(a) RESIDENCE NO. 1701 W Balto St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) March 6 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53.	6	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Car Inspector

(b) General nature of Industry, business, or establishment in which employed (or employer): 0/3

(c) Name of employer: Western Md R. R.

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Alexander B. Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Virginia

12 MAIDEN NAME OF MOTHER: Sarah Elizabeth Sheldon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Mrs Elizabeth Berry

(Address) 1701 W Baltimore St.

Filed 1926

C. 19 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Oct 3, 1926, that I last saw h alive on Oct 3, 1926 and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism, 3 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia, 1 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Chas Lane, M. D.

. 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Oct 6 1926

20 UNDERTAKER: Chas. G. Black

ADDRESS: 742 W North Ave

Spec.—1-10-21 M&T 1500 Bks.

E 14664

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 14664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 6-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Price

(a) RESIDENCE NO. 205 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
49	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) ? (State or country)

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

Informant City Hospital Records (Address)

1926 C. HAMPSON JONES, M. D. 0698 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1 1926

17 I HEREBY CERTIFY, That I attended deceased from September 29, 1926, to October 1, 1926, that I last saw him alive on October 1, 1926, and that death occurred, on the date stated above, at 10 45 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs ? mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Jones, M. D.

Oct. 3 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 1926
20 UNDERTAKER	ADDRESS

BALTIMORE CITY HOSPITALS
UNIVERSITY OF MARYLAND

Spec.—1-12-23—(M&T—500 Blks.

E 14665 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14665

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 14-W WARD)

2-FULL NAME Helen Gupatoff

(a) RESIDENCE NO. 1800 N. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 7 1926

AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	6	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John Gupatoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Catherine Supples

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RRM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 19 26

17

I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1926, to Oct 4, 1926, that I last saw h[illegible] alive on Oct. 4, 1926, and that death occurred, on the date stated above, at 5[illegible] a. m.

The CAUSE OF DEATH* was as follows:

Acute enteritis colitis and status mucus

(duration) ..... yrs. ..... mos 3 wks ds.

CONTRIBUTORY (Secondary) Brain abscess ? sinus thrombosis ?

(duration) ..... yrs. ..... mos. 1 wks ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Roger W. Grumpt, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Oct 5 19 26
20 UNDERTAKER Wm Corbin	ADDRESS 5011 N. Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14666

CERTIFICATE OF DEATH.

31 E 14666

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Light ST. 23-1 WARD)

2-FULL NAME Sarah E Michael

(a) RESIDENCE NO. 1108 Light ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Walter J Michael

7 DATE OF BIRTH (month, day, and year) April 10-1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Benson Watts

11 BIRTHPLACE OF FATHER (city or town) Ga Gilbo Md
(State or country)

12 MAIDEN NAME OF MOTHER Barbara E Taymon

13 BIRTHPLACE OF MOTHER (city or town) Granville Md
(State or country)

Informant Barbara E Brooks
(Address) 1108 Light St

Filed 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1926, to Oct 3, 1926, that I last saw her alive on Oct 3, 1926, and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Health said to have been good until 5 mos ago (duration) ..... yrs. 5 mos ..... ds.

CONTRIBUTORY (Secondary) Same (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy

(Signed) W M Griffin, M. D.

Oct 3, 1926 (Address) 1129 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Oct 6 1926
20 UNDERTAKER	ADDRESS
William Cole & Natta	

Spec.—12-9-25—A Co.—200 Bks.

E.14667

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 14667

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St. 5-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hudson

(a) RESIDENCE NO. 104 N. Front St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	?

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1857

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 400

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER George Hudson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Liza Griffith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

Informant City Hospital Records

(Address)

Filed ....., 19 .....

1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 3 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 19 25 to October 3, 19 26, that I last saw her alive on October 1, 19 26, and that death occurred, on the date stated above, at 12 15 m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis

Myocardial Insufficiency

Senility

(daration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) G R Dodge Smith, M. D.

Oct 3 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 10/5 1926

20 UNDERTAKER Henry A. Myers & Son ADDRESS 805 N. Calvert

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14668

14668

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. 11-2 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Rozella Linton

(a) RESIDENCE NO. Sykesville Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 23 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46		9 10	11 12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress.

(b) General nature of industry, business, or establishment in which employed (or employer) 69

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Marriotts Md.

10 NAME OF FATHER Wm. Linton.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Harriet Pickett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant (Address) Married Friend, —

1926 C. HAMPSON JONES, M. D. Registrar

Per A.R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1926

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1926, to Oct 4, 1926, that I last saw her alive on Oct 3, 1926, and that death occurred, on the date stated above, at 5.30 A.m.

The CAUSE OF DEATH* was as follows:

Malignancy: Carcinoma of Breast. Neuroma of Brachial Plexus

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia (duration) ? yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas A Johnston, M. D.

, 19 (Address) Med Chirurgical

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sykesville Md.	Oct 6 1926
20 UNDERTAKER	ADDRESS
Weer & Bond Inc.	Sykesville

Spec.—1-10-21—M&T—1500 Bks.

E 14669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14669

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospt. (ST.) 11-2 (WARD) 11-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh Caldwell

(a) RESIDENCE NO. Chesapeake City-Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs. Hugh Caldwell

DATE OF BIRTH (month, day, and year) Oct. 21 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	48		2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher - 068

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

10 NAME OF FATHER Thomas Caldwell

11 BIRTHPLACE OF FATHER (city or town) Phila. (State or country) Pa.

12 MAIDEN NAME OF MOTHER Annie Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Self.

(Address)

Filed Oct. 7 1926 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/4 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1926, to Oct. 4, 1926, that I last saw him alive on Oct. 4, 1926, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Card. Decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of 10/2/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Jno Alexander Jones, M. D.

, 19 (Address) Md Gen Hospt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bethel Cemetery Cecil County	Oct 7 1926
20 UNDERTAKER	ADDRESS
H. W. Pippin	Elkton Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14670 179 **E 14670**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. _____ Ward)

2-FULL NAME Charles Dewitt

(a) RESIDENCE NO. 722 S Rose St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26-1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER John Dewitt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New Jersey.

12 MAIDEN NAME OF MOTHER Emma Wilfer

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

Informant John F. Dewitt

(Address) 722 S Rose St.

Filed _____ C. HAMPSON JONES, M. D. Registrar

1926 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Accident—
Burns from Matches
Second degree.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 1 ds.

(Signed) F. E. Bates, M. D.

Oct 3 1926 (Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Oct 5 1926

20 UNDERTAKER Lilly & Zeh ADDRESS 403 S. Wolfe St

Spec.—1-12-23—[illegible]—500 Bks.

45978

HEALTH DEPARTMENT—CITY OF BALTIMORE

14671 E 14671

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 7-1 X 70

CITY OF BALTIMORE: (NO. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Kenneth Gaynor

(a) RESIDENCE NO. 731 N. Broadway ST., ... WARD Ky.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

If married, widowed, or divoreed HUSBAND of (or) WIFE of Corona Lane Gaynor

DATE OF BIRTH (month, day, and year) May 26, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Publisher

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Hunt City

10 NAME OF FATHER William Gaynor

11 BIRTHPLACE OF FATHER (city or town) Ky
(State or country)

12 MAIDEN NAME OF MOTHER Bessie Ferguson

13 BIRTHPLACE OF MOTHER (city or town) Ky
(State or country)

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed 25 C. 19 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1926, to Oct. 3, 1926.

That I last saw h[illegible] alive on Oct. 3, 1926,

and that death occurred, on the date stated above, at 9 45 a. m.

The CAUSE OF DEATH* was as follows:

Brain abscess

(duration) 3 yrs. 0 mos ..... ds.

CONTRIBUTORY (Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Oct 2, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) George G. Finney, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 5 1926
20 UNDERTAKER	ADDRESS
John O. Mitchell	120 W. Fayette

Spec.—1-12-23—M3T—500 Bks.

E 14672

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14672

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #6 Rockenop Ave ST. 7-12-57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Fred. Kunkle

(a) RESIDENCE NO. #6 Rockenop Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Rauber

DATE OF BIRTH (month, day, and year) 4/2/1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Charles Kunkle

(Address) #6 Rockenop Ave

Filed 1926 C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Oct 2, 1926, that I last saw h alive on Oct 2, 1926, and that death occurred, on the date stated above, at [redacted] m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Diabetes Mellitus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Pathological

(Signed) Carl Smith, M. D.

10/4, 1926 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	10/5 1926
20 UNDERTAKER Geo. J. Ruth	ADDRESS 1733 Harford Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14673

CERTIFICATE OF DEATH.

92

E 14673

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 6 W. Gibbons ave 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Abeets.

(a) RESIDENCE NO. 6 W Gibbons Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? [illegible] yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H Abeets.

6 DATE OF BIRTH (month, day, and year): Dec 10, 1871

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54 Years	9	24	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Canvasser

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: ———

BIRTHPLACE (city or town)

(State or country): Havre Grace. Md

10 NAME OF FATHER: Charles C. Greel

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Havre Grace Md

12 MAIDEN NAME OF MOTHER: Mary Gliden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

Informant: William H. Abeets.

(Address): 906. W. Gibbons ave

Filed 1926 Per R C H

C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1926, to Oct 4, 1926, that I last saw h[illegible] alive on Oct 4, 1926, and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff, Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Simmons, M. D.

Oct 4, 1926 (Address) 4201 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery. Date of Burial: 10/6-1926

20 UNDERTAKER: George & Ruth. ADDRESS: 1732 Harford Ave

Spec.—1-12-23—M&T—500 Blks.

E 14674

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14674

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S. Ann Street ST. 21 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ariela . Swiston

(a) RESIDENCE NO. 241 S. Ann Street ST. , WARD .....

(Usual place of abode)

(If not-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Aleksander .Swiston

DATE OF BIRTH (month, day, and year) May 10 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min
	41	4	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Geo. Bozek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Mr. Aleksander . Swiston

(Address) 241 S. Ann Street

1926 C. THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1926, to 1st Oct, 1926, that I last saw h[illegible] alive on 1st Oct, 1926 and that death occurred, on the date stated above, at 1230 A m

The CAUSE OF DEATH* was as follows:

Myocarditis, Hypertension
Encephritis

2 (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

Oct 4, 1926 (Address) 117 S. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Oct 6 1926

20 UNDERTAKER ADDRESS

[illegible] 1803 Bank

pec.—1-12-23—M&T—500 Bks.

14675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14675

CERTIFICATE OF DEATH.

129

I-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 Fleet Street St. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes • Zachenc

(a) RESIDENCE NO. 2534 Fleet Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., If of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 25 1843

7 AGE: 83 Years, 11 Months, 7 Days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

10 NAME OF FATHER James • Nowak

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

Informant Mrs. Agnes. Decrestte

(Address) 2534 Fleet Street

1926 G. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Oct. 2, 1926,

that I last saw h[illegible] alive on Oct 2, 1926

and that death occurred, on the date stated above, at 2[illegible]5 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. Unknown mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Ronald Jenurgetti, M. D.

10/4, 1926 (Address) 2431 Fait Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. DATE OF BURIAL: Oct 5 1926

20 UNDERTAKER: John McAleer ADDRESS: 1803 Bank st

Spec.—1-12-23—M&T—500 Blks. 625 Arguith St Dr Levy 3813 Park Heights Ave

E 14676 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14676

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4411 Old Pimlico Rd ST. 15-3 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della M Strauff

(a) RESIDENCE No. 4411 Old Pimlico Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard G Strauff

DATE OF BIRTH (month, day, and year) July 24, 1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	51	2	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Frederick Md.

10 NAME OF FATHER Samuel T Brenaman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Tull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Bernard G Strauff

(Address) 4411 Old Pimlico Rd.

1926 C. HAMPSON JONES, M. D. Registrar

Per Barbara Bates

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1924, to Oct 1, 1926, that I last saw her alive on Oct 1, 1926, and that death occurred, on the date stated above, at 9 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Stenosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert H Levy, M. D.

Oct 3/26 (Address) 625 Arguith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olive, Frederick, Md DATE OF BURIAL Oct 5 1926

20 UNDERTAKER H. M. Cook ADDRESS 302 E Church St

E 14677. HEALTH DEPARTMENT--CITY OF BALTIMORE E 14677.

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 118 So. Monroe St. 20-5 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry P. Lambert

(Residence in Baltimore: No. 118 So. Monroe St. 65 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH, Dec 15 1860 (Month) (Day) (Year)

7-AGE, 65 yrs. 9 mos. 17 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Inspector for U.S. Govt
(b) General nature of industry, business, or establishment in which employed (or employer): On Mud Scow

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, John P. Lambert

11-BIRTHPLACE OF FATHER, (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Catherine Bottenfeld

13-BIRTHPLACE OF MOTHER, (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) August A. D. Lambert

(Address) 1100 N. Lakewood

1926 102 C. HAMPSON JONES, M. D. Registrar.

Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 2nd 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, and ..... find that said deceased came to ..... (Inquest, autopsy or Inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 2 yrs. 8 mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Morton M. D. (Coroner.)

Oct 3 1926 (Address) City Hall

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Lacerations

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Western Cemetery

DATE OF BURIAL, Oct 5 1926

20-UNDERTAKER. Harry H. Weitzel

ADDRESS 1534 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14678 E 14678

CERTIFICATE OF DEATH.

94-502

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3I S. Calhoun St., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary T. Higgins

(a) RESIDENCE NO. 3I S. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Higgins

DATE OF BIRTH (month, day, and year) May I7, I854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	I6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Richard Durmey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER MacDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs. Katherine I. Clements

(Address) 3I S. Calhoun St

Filed 10/4 1926 . 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926, to Oct 3, 1926, that I last saw her alive on Oct 2, 1926, and that death occurred, on the date stated above, at 1.50 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) True Known yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) MacDonald M. D.

(Address) 108 N Dutluth

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Oct 6, 1926

20 UNDERTAKER Harry A. Witzke ADDRESS 153 W. Lombard

Spec.—1-12-23—MT—500 Bks.

959. 30

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14679

CERTIFICATE OF DEATH.

X 113

E 14679

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Edward Horst

(a) RESIDENCE NO. Riverside Drive ST., Essex Md. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 10 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ind -

10 NAME OF FATHER Charles Horst

11 BIRTHPLACE OF FATHER (city or town) Ill -
(State or country)

12 MAIDEN NAME OF MOTHER Irene Tilgrashy

13 BIRTHPLACE OF MOTHER (city or town) Ind -
(State or country)

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10 1926 to Oct 3 1926, that I last saw him alive on Oct 3 1926 and that death occurred, on the date stated above, at 12 30 A.m.

The CAUSE OF DEATH* was as follows:

AC Enteric-Colitis (Not Typhoid)

Broncho Pneumonia

(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Blood

(Signed) Harold W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross AA Co. — DATE OF BURIAL Oct 5 1926

20 UNDERTAKER John H. Denny — ADDRESS 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14680

CERTIFICATE OF DEATH.

11 7

E 14680

1-PLACE OF DEATH St Joseph's Hospital - REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Keyes.

(a) RESIDENCE NO. 1414 Eager st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 28/16

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	4	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) City
(State or country)

10 NAME OF FATHER James J. Keyes

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Marie E. Byrne

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant James J. Keyes Sr
(Address) 1414 Eager St

Filed 5- 1926 C. HAMPSON JONES, M. D. Registrar

Per P.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/2 1926

17 I HEREBY CERTIFY, That I attended deceased from sept 17 1926, to Oct 2 1926, that I last saw him alive on Oct 2 1926, and that death occurred, on the date stated above, at 8 00 pm.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix -
Peritonitis -
complicated by Intestinal obstruction

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia -

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? sept 17 26

Did an operation precede death? yes Date of sept 26 26

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Operation

(Signed) Clement R. Monroe, M. D.

, 19 (Address) St Joseph's Hospital -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 10/6 1926

20 UNDERTAKER Peter Windsfeld — ADDRESS 96 Queen

ec.—1-12-23—5&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14681

E 14681

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST. 1800 WARD)

2-FULL NAME William Ramsey

(a) RESIDENCE NO. 1139½ Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 20 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) December

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) 059

(c) Name of employer

RTHPLACE (city or town) (State or country) Scotland -

NAME OF FATHER William Ramsey

BIRTHPLACE OF FATHER (city or town) Scotland
(State or country)

MAIDEN NAME OF MOTHER Jeanette Salmon

BIRTHPLACE OF MOTHER (city or town) Scotland
(State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

5 - 1926 HAMPSON JONES, M. D.

d ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1926, to Oct. 2, 1926, that I last saw h[illegible] alive on Oct 2, 1926, and that death occurred, on the date stated above, at 8 50 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Hypertension +
Chronic nephritis

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 2 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? C

(Signed) Rowe C. Marten, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	10/5 19 26
20 UNDERTAKER Jack Lewis	ADDRESS 1439 E. Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002

E 14682

CERTIFICATE OF DEATH.

REGISTERED NO. E 14682

1-PLACE OF DEATH

City of BALTIMORE: (No. 309 S. Chester St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gregory Eugene Walsh.

(a) RESIDENCE NO. 309 S Chester St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Oct. 18th 1925

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		11	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town): Balto. Md.

(State or country)

10 NAME OF FATHER: William L. Walsh

11 BIRTHPLACE OF FATHER (city or town): Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Genevieve K. O'Connell

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md.

(State or country)

Informant: William L. Walsh (Father)

(Address) 309 S. Chester St.

Filed 3-1926 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/27, 1926, to 10/3, 1926, that I last saw h[illegible] alive on 10/3/26, 1926 and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Diss Colitis

(Dysentery?)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) [illegible], M. D.

, 192, (Address) 2325 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cathedral Cemetery	Oct. 5th 1926
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14683

CERTIFICATE OF DEATH.

49

E 14683

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 620 South 12th St. 76-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Connor

(a) RESIDENCE NO. 620 S. 12th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) May 1896

GE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30 yrs	3	2	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Woman's Torch Work

(c) Name of employer

RTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER Martin Connor

BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Ann Kelley

BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

nformant Ann Connor

Address) 620 S. 12th St

iled , 19 JAMES H. BOLES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 2 1926

17 I HEREBY CERTIFY, That I attended deceased from September 10, 1926, to October 2nd, 1926, that I last saw h[illegible] alive on October 2nd, 1926, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Glioma Spinal Cord (multiple)

(duration) 1 yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of July 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Morris J. Scheindlinger M. D.

, 19 (Address) 4514 Eastern Ave City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	Oct 6th 1926

20 UNDERTAKER Lilly & Zeiler

ADDRESS 403 S. Wolfe St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14684

E 14684

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 Richmond Ave (Hamilton) 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth M. Biensach

(a) RESIDENCE NO. 5 Richmond Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam Biensach

7 DATE OF BIRTH (month, day, and year): June 24/1848

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	3	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town):

(State or country): Germany

10 NAME OF FATHER: Benjamin Hartman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

Informant (Address): Alfred Hochstedt Richmond Ave

Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia -Bruises over arms, legs and head

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary): Struck by automobile

(duration) ...yrs. ...mos. ...ds.

(Signed) J. H. Patterson, M. D.

(Coroner)

10-5-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mass Cemetery — Date of Burial: Oct 6 1926

20 UNDERTAKER: Frederick Edelmann Sons — ADDRESS: Fulberton

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14685

CERTIFICATE OF DEATH.

E 14685

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 N. Stricker ST. 14-2 WARD)

2-FULL NAME Mrs. Thos. K. Kramer

(a) RESIDENCE No. 1316 N. Stricker ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

If married, widowed, or divorced (HUSBAND of (or) WIFE of): —

DATE OF BIRTH (month, day, and year) Dec 8 1925

AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	9	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Chas Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Birtie Lebow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Mr Thos. K. Kramer

(Address) 1316 N. Stricker

Filed 1926, 19 Per R.H. Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/4/1926

17 I HEREBY CERTIFY, That I attended deceased from 10/1, 1926, to 10/4, 1926, that I last saw h[illegible] alive on 10/4, 1926 and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert Dan M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	10/6 1926
20 UNDERTAKER	ADDRESS
John J. Edwards Son	901 Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

(Affadavit filed April 5-1927 from Brother)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14686

E 14686

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 17-2 St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Trivolykousas alias Treavas

(a) RESIDENCE NO. 574 Oxford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1886 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	40 ?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) ?

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant City Hospital Records
(Address)

Filed 1926 19 C. HAMPSON JONES, M.D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1 1926

17

I HEREBY CERTIFY, That I attended deceased from September 27, 1926, to October 1, 1926, that I last saw him alive on September 30, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis
Hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Lamb, M. D.

Oct 2 19 26 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	10/5/ 1926
20 UNDERTAKER	ADDRESS
Joseph A. Trivoly	402 N. Mount St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14687.

CERTIFICATE OF DEATH.

74-001

E 14687.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Colonial Hospital St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nicodemus P. Zelwis

(a) RESIDENCE NO. 404 S. Paca St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race: male white

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna T. Zelwis

7 DATE OF BIRTH (month, day, and year): about 1871

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Lithuania

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant: Albert Zelwis

(Address): 404 S. Paca St.

Filed OCT 5 1926 H. C. HAMPSON, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

.....(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) no other known

.....(duration) .....yrs. .....mos. .....ds.

(Signed) H. J. Feldmann M. D.

(Coroner)

10/7/26, 19 (Address) 502 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Oct. 5. 1926

20 UNDERTAKER: John Grebliauskas — ADDRESS: 423 S. Paca St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14688 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14688

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 504 S. Washington St. 22-1 Ward)

Registered No. 161-801

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Maxwell

(a) Residence No. 504 S. Wash. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 6 Hours How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.)

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day and year) Oct. 4, 1926

AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 6 hrs. or ..... min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Balto. Md. (State or Country),

10-NAME OF FATHER, Joseph Maxwell

11-BIRTHPLACE OF FATHER (city or town) Balto. Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Marie Stoney

13-BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or Country),

(Informant) Josefa Maxwell (Father)

(Address) 504 S. Washington St.

Filed ..... 192 ..... Registrar.

O. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 5, 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1926 to Oct. 4, 1926 that I last saw him alive on Oct. 4 1926 and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Premature (5 mos)

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? S. & V. I.

(Signed) John J. Kruger M. D.

. 19 (Address) 3625 Eastern Ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mount Carmel Cemetery	Oct. 5th 1926
20-UNDERTAKER.	ADDRESS
Lilly & Zeiler	1038 S. Wolfe St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14689

CERTIFICATE OF DEATH.

74-001

E 14689

REGISTERED NO.

1-PLACE OF DEATH Bon Secours Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Monroe & Fayette St. 17-1 WARD)

2-FULL NAME Andrew D. McKenna

(a) RESIDENCE No. Homewood Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Male	White	Married

6 If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Viola Rasin McKenna

7 DATE OF BIRTH (month, day, and year) June 16th 1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	79	3	4 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila Pa

10 NAME OF FATHER C. McKenna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER E. Desmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Viola McKenna

(Address) Homewood Apts

Filed OCT 5 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4th 1926

17 I HEREBY CERTIFY, That I attended deceased from June —, 1926, to 9/29, 1926, that I last saw him alive on 9/29, 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

(duration) progressive about yrs. mo. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 6 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. B. Hubbard 1405 Park Av M. D.

(Address) ~~C. B. Hubbard~~ 1405 Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Oct 6 1926
20 UNDERTAKER	**ADDRESS**
Henry J. Jenkins Son	Cathedral & Madison Sts

...ec.—1-12-23—M...—500 Bks.

106

14690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-002

E 14690

REGISTERED NO.....

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 14-1 ST., WARD)

2-FULL NAME Lillie Herrick

(a) RESIDENCE NO. 217 N Parrish ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 26, 1926

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	—	2	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER Thomas Herrick

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emma Green

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed ..., 19 ... Per ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1926, to Oct 2, 1926, that I last saw her alive on Oct 2, 1926, and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Acute bacillary dysentery,

(duration) — yrs. 1 mos ... ds.

CONTRIBUTORY (Secondary) none

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 217 N Parrish St.

Did an operation precede death? no Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) ..., M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn

DATE OF BURIAL 7 1926

20 UNDERTAKER Edward Bryson

ADDRESS 1631 Orleans St

...c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14691

CERTIFICATE OF DEATH.

74 001

E 14691

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 772 Waseche ST., H-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Farley

(a) RESIDENCE No. 772 Waseche ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

NAME OF FATHER Russell Farley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucinda Finley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mary F Farley

(Address) 772 Waseche St

Filed ..... 19 G. HAMPSON JONES, M. D.

5-1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926 to Oct 3, 1926.

that I last saw him alive on Oct 3, 1926,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. One mos ..... ds.

CONTRIBUTORY (Secondary)

.....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) G. Hampson Jones, M. D.

, 19 (Address) 916 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wellville Va — DATE OF BURIAL Oct 5/1926

20 UNDERTAKER Nand Easton — ADDRESS Galena

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14692

CERTIFICATE OF DEATH.

101-001

E 14692

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 510 N. Bruce St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Nathaniel Winchester

(a) RESIDENCE NO. 510 N. Bruce St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 20th. 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) ~~General~~ nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer _____

BIRTHPLACE (city or town) _____

(State or country): Baltimore, Md.

10 NAME OF FATHER: John Winchester

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Macon Ga.

12 MAIDEN NAME OF MOTHER: Ester Gardner

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Howard Co. Md.

Informant: John Winchester

(Address): 510 N. Bruce St.

Filed _____ 19____ C. HAMPSON JONES, M. D.

6 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 4th. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4th. 1926, to Oct. 4th. 1926 that I last saw him alive on Oct. 4th 1926 19____, and that death occurred, on the date stated above, at 11:55 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Bilateral

_____ (duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Phys Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Zion Cem. Date of Burial 10-5 1926

20 UNDERTAKER: Geo. T. A. Gibson ADDRESS: 1736 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

14693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 14693

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Hanson ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sylvia Bennett

(a) RESIDENCE NO. 1213 Hanson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 15 1926

AGE: Years — Months: 2 — Days: 10

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER Harry Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Annie Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Annie Bennett

(Address) 1213 Hanson St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1926, to Oct 5, 1926, that I last saw h[illegible] alive on Oct 4, 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hutchens M. D.

10/5, 1926 (Address) 1212 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 5, 1926

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1220 Pennsylvania Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14694

CERTIFICATE OF DEATH.

49

E 14694

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., ward)

2-FULL NAME Henry Harrison

(a) RESIDENCE NO. 917 N Caroline St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Sej yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	wid

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

Informant Walter Fox (Address) 911 N Caroline st.

Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-21- , 1926 , to 10-3- , 1926.

that I last saw him alive on 10-3- , 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Hypernephroma Left

Unknown mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J Boyce M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct 6, 1926
20 UNDERTAKER	ADDRESS
Mrs Dola [illegible]	1725 Ashland Av

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14695

CERTIFICATE OF DEATH.

161-002

E 14695

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

City of BALTIMORE: (No. 22-3 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Timothy Brennan

(a) RESIDENCE NO. 300 E. Woodland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: M

4 Color or Race: W

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			2 days.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town): Baltimore

(State or country): Md.

10 NAME OF FATHER John J. Brennan

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER Ada M. Ford

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

Informant: John J. Brennan

(Address): 300 E Woodland Ave

Filed....., 19.. A.M.

Per RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/3, 1926, to 10/5, 1926, that I last saw ~~him~~ alive on 10/5/26, 1926, and that death occurred, on the date stated above, at 3:05 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary & Coronary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Asphyxiation

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) P. J. Motta, M. D.

, 19 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: Oct. 6, 1926

20 UNDERTAKER: Martin Fahey & Sons — ADDRESS: 827 W. North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14696

CERTIFICATE OF DEATH.

118-002

E 14696

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bondscour Ha. 15-5 St., Ward)

2-FULL NAME John Elston Baxter

(a) RESIDENCE NO. Windsor Court Apts. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth R Baxter

7 DATE OF BIRTH (month, day, and year): Oct. 11, 1853

AGE	Years	Months	Days	IF LESS than 1 dny.....hrs. or.....min.
	72	11	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: U.S. Army

(b) General nature of indnstry, business, or establisbment in which employed (or employer): Retired

(c) Name of employer: Glenwood

BIRTHPLACE (city or town): N. J.

(State or country)

10 NAME OF FATHER: John C. Baxter

11 BIRTHPLACE OF FATHER (city or town): N. J.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary J Elston

13 BIRTHPLACE OF MOTHER (city or town): N. J.

(State or country)

Informant: Mrs. Elizabeth R. Baxter

(Address) Windsor Court Apts.

1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1926, to Oct 4, 1926, that I last saw h... alive on Oct 4, 1926, and that death occurred, on the date stated above, at 2:10 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Obstruction (cardiac)

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary): Hemiplegia, Arteriosclerosis

(duration) 10 yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death? Parkman

Did an operation precede death? no Date of

Was there an autopsy? Partial

What test confirmed diagnosis? Clinical

(Signed) C. C. Hurst, M. D.

Oct 4 1926 (Address) 422 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF INTERMENT OR REMOVAL: Arlington Cem. Date of Burial: Oct. 1926

20 UNDERTAKER: Wm Tickner & Sons ADDRESS: North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14697. E 14697.

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Patapsco St. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary. H. Kemper.

(a) RESIDENCE NO. 1220 Patapsco ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alphonse Kemper

DATE OF BIRTH (month, day, and year): Aug 16-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: at home

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: August Daniel.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Miss Eliz Kemper

(Address): 1220 Patapsco St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per ———

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 1924 to Oct 3 1926, that I last saw her alive on Oct 2 1926, and that death occurred, on the date stated above, at 7 20 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

about (duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Coma & Acidosis

(duration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood & urinary tests

(Signed) Chas. C. Conser, M. D.

10/3 1926 (Address) 1101 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross a a Co — DATE OF BURIAL: 10-6 1926

20 UNDERTAKER: Ed L Hartz 112 — ADDRESS: W Mt St

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 14698 — REGISTERED No. C 49 E 14698

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Keswick Hospital St.) 28-3 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Wolf

(Residence in Baltimore: No. Hillsdale, Baltimore St.; 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

6-DATE OF BIRTH: September 3 (Month), (Day), 1913 (Year)

7-AGE: 13 yrs. 1 mos. ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): New Freedom, Pennsylvania

10-NAME OF FATHER: Alfred Wolf.

11-BIRTHPLACE OF FATHER (State or country): New Freedom, Pa

12-MAIDEN NAME OF MOTHER: Bessie M. Mann

13-BIRTHPLACE OF MOTHER (State or country): York, Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): H. Tunstall Taylor M.D.

(Address): 1102 N. Charles St.

10 - 1926 191 C. HAMPSON JONES, M.D. Per ERH, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: October (Month) 3 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 18, 1924, to, Oct 3 1926, that I saw her alive on Oct 1 1926, and that death occurred, on the date stated above, at 8.12 p.m.

The CAUSE OF DEATH* was as follows:

Lympho-Sarcoma of Spleen

(Duration) 2 yrs mos. ds.

Contributory (SECONDARY): Cardiac failure

(Duration) yrs 2 mos. ds.

(Signed), H. Tunstall Taylor M. D.

10-4 —, 1926. [Address] 1102 N. Charles St.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death 1 yrs. 10 mos. ds. In the State 1 yrs 10 mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence: New Freedom, Pa

19-PLACE OF BURIAL OR REMOVAL: Glen Rest Pa. DATE OF BURIAL: Oct 6th, 1926

20-UNDERTAKER: Joseph B Cook ADDRESS: 1003 N. Gilmor St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 14699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14699

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N. Linwood Ave ST. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Bell.

(a) RESIDENCE. No. 27 N. Linwood ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur Bell.

DATE OF BIRTH (month, day, and year) June 18. 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER James Bullock

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs M. Bell.

Address 27 N. Linwood Ave

Filed (S.) HAMPSON JONES, M. D., Registrar.

1926 Per ARR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Oct 3, 1926, that I last saw h alive on Oct 3, 1926, and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma L. Breast
Was operated upon 2 yrs ago
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) acute congestion Lungs
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? dont know

Did an operation precede death? yes Date of 2 yrs ago

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) W. L. Burke, M. D.

, 19 (Address) 3042 Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 6 26
20 UNDERTAKER	ADDRESS
Mayhew & Jones Inc	414 N. Broadway

Spec.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14700

CERTIFICATE OF DEATH.

90 **E 14700**

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Duvall

(a) RESIDENCE NO. Church Home & Infirmary St. ... Ward ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

7 DATE OF BIRTH (month, day, and year): Dec 28, 1854

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	9	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

BIRTHPLACE (city or town): Iva Trundle Co

(State or country): Md.

10 NAME OF FATHER: Richard L. Dyrall

11 BIRTHPLACE OF FATHER (city or town): Prince George Co

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Dyrall

13 BIRTHPLACE OF MOTHER (city or town): Prince George Co

(State or country): Maryland

Informant: Richard M. Dyrall Jr.

(Address): 1106 Lexington St.

Filed ... 19... C. HAMPSON JONES, M. D. Registrar

926 Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

October 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1926, to Oct 4, 1926, that I last saw her alive on October 4, 1926, and that death occurred, on the date stated above, at 3.00 A m.

The CAUSE OF DEATH* was as follows: Chronic myocarditis; Hypertension & arteriosclerosis

(duration) 10 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial failure & auricular fibrillation

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) Vernon N. Norwood, M. D.

Oct 4. 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Date of Burial

Mt Olivet Cemetery Bal. Co. Md. Oct 6 19 26

20 UNDERTAKER ADDRESS

Hughes & Jones Inc 404 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1470I

CERTIFICATE OF DEATH.

166

E 1470I

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 74 W. Biddle St. 11-W Ward)

2-FULL NAME Mary V. Redden

(a) RESIDENCE NO. 74 W Biddle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Apr. 22 1907

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	19	5	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sales lady

(b) General nature of industry, business, or establishment in which employed (or employer): Gen Electric Co

(c) Name of employer

BIRTHPLACE (city or town) Denton Md

(State or country)

10 NAME OF FATHER Geo Ridden

11 BIRTHPLACE OF FATHER (city or town) Denton

(State or country)

12 MAIDEN NAME OF MOTHER Mary Kay Mor

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

Informant (Address) Mr. Marriott S. Redden Denton Md

Filed C. AMPSON JONES, M.D. 19 26

1926 Reg. No. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus. Cardiac paralysis suspended, Contributory Pernicious anemia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) 2 yrs. ____ mos. ____ ds.

(Signed) W. J. Chew M. D.

(Coroner)

Oct 5, 1926 (Address) 1622 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Denton, Md	Oct 6 1926

20 UNDERTAKER	ADDRESS
Wm J Tucker Sons	Denton Md

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14702

CERTIFICATE OF DEATH.

129

E 14702

1-PLACE OF DEATH

City of BALTIMORE: (No. 440, Forest Park Ave. Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Markert

(a) RESIDENCE NO. 440, Forest Park Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred W. Markert

7 DATE OF BIRTH (month, day, and year): Oct. 26, 1853

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	11	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town): Cedar Rapids

(State or country): Iowa

10 NAME OF FATHER: Wenzel Tomasek

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Zelick

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

Informant: Frank J. Markert

(Address) 440 Forest Park Ave.

326 C. HAMPSON JONES, M. D. Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1924, to Oct 5, 1926, that I last saw h__ alive on Oct 4, 1926, and that death occurred, on the date stated above, at 11.26 a.m.

The CAUSE OF DEATH* was as follows:

acute dilatation of heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Chronic interstitial Nephritis & myocarditis about 2 yrs

(duration) yrs. mos. ds.

18 Where was disease contracted: —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laratory

(Signed) W S Nisbett, M. D.

Oct 5, 1926 (Address) 2220 Barclay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Rapids Iowa — Date of Burial: Oct 6 1926

20 UNDERTAKER: Wm Fleckner Sons — ADDRESS: North Pa

Spec.—12-9-25—A Co.—200 Bks.

(Formerly Ashburton Ave)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14703

E 14703

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3807 Sequoia Ave St. 15-3 Ward)

2-FULL NAME Kate Habersaut

(a) RESIDENCE NO. 3807 Sequoia Ave St. 15 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Habersaut

7 DATE OF BIRTH (month, day, and year) March 16-1861

AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
65	7	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Reading

(State or country) Pennsylvania

10 NAME OF FATHER Joseph Feigh

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Reading Penna.

12 MAIDEN NAME OF MOTHER Margaret Engimale

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Reading Penn.

Informant Mrs. L. L. Clark

(Address) 3807 Sequoia Ave

Filed C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4/26 19

17

I HEREBY CERTIFY, That I attended deceased from Sept 26 19 26 to Oct 4 19 26

that I last saw him alive on Oct 4 19 26

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death! —

Did an operation precede death! Date of —

Was there an autopsy! —

What test confirmed diagnosis? —

(Signed) W. C. Gerry, M. D.

(Address) 6211 W. Mosher 10/4/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodlawn Cemetery	Oct. 7 1926
20 UNDERTAKER	ADDRESS
Henry Fanning Sons	Aberdeen Md

Spec.—12-9-25—A Co.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14704

CERTIFICATE OF DEATH.

109-002

12-6

E 14704

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1731 S. Charles St. ____ Ward)

2-FULL NAME Helen C. Felthousen.

(a) RESIDENCE NO. 1731 S. Charles St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: ____

Single.

7 DATE OF BIRTH (month, day, and year): Feb, 25, 1908.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	18,	7,	9.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer): ____

(c) Name of employer: ____

BIRTHPLACE (city or town): Balto. Md.

(State or country)

10 NAME OF FATHER: William H. Felthousen.

11 BIRTHPLACE OF FATHER (city or town): Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Drusilla Hubbard.

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md.

(State or country)

Informant: Mrs. Griffin, (Sister).

(Address) 1731 S. Charles Street.

Filed ____ 19____ C. LAMPSON JONES, M. D.

1926 Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 4 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20 1926, to Dec 4 1926, that I last saw h__ alive on Dec 4 1926, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cystic Ovaries

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Senile infirmities

(duration) 1 yrs. ___ mos. ___ ds.

18 Where was disease contracted? ___

If not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Bruce [illegible], M. D.

, 19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial Oct 6 1926

20 UNDERTAKER: A. Howard Evans ADDRESS: 38 E. Eutaw

Spec.—1-19-21—M&T—1500 Blks.

14705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14705

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6202 Sycamore Road ST., 7th WARD)

2-FULL NAME John W. Williams

(a) RESIDENCE No. 6202 Sycamore Road ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Esther C. Hope

DATE OF BIRTH (month, day, and year) June 13, 1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	84			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... retired

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Walter B. Williams

11 BIRTHPLACE OF FATHER (city or town) ..... Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Gibbons

13 BIRTHPLACE OF MOTHER (city or town) ..... Md

(State or country)

Informant Robert H. Williams

(Address) 6202 Sycamore Road

Filed Oct 7 1926

G. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Oct 5, 1926, that I last saw him alive on Oct 5, 1926, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Enterocolitis, Hyp. Hrt Pneum
Chr. Ret-Nephritis, Chr. Myocarditis

(duration) 2 + yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. V. Bishop, M. D.

(Address) 501 Sheridan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Oct. 7 1926

20 UNDERTAKER John O. Mitchell ADDRESS 120 N. Fayette St.

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14706

CERTIFICATE OF DEATH.

101-001

E 14706

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 114 Hughes St. ST. 22 WARD)

2-FULL NAME Mary Virginia Gray

(a) RESIDENCE NO. 114 Hughes ST., 22 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 16 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

f married, widowed, or divorced
. HUSBAND of
(or) WIFE of Thomas Gray

ATE OF BIRTH (month, day, and year) May 19, 1851

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	5	16	

CCUPATION OF DECEASED

a) Trade, profession or particular kind of work 037

b) General nature of industry, business, or establishment in which employed (or employer) Housewife

c) Name of employer .....

RTHPLACE (city or town) Balto, Md.
State or country)

NAME OF FATHER Charles Harris

BIRTHPLACE OF FATHER (city or town) Cambridge
(State or country) Md.

MAIDEN NAME OF MOTHER Eda Brown

BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) Md.

nformant Thos Gray
Address) 114 Hughes

ed - 1926 [illegible] M. D.
Per K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/5/1926

17

I HEREBY CERTIFY, That I attended deceased from 9/28/, 1926, to 10/5/, 1926,

that I last saw her alive on 10/4/, 1926

and that death occurred, on the date stated above, at 5A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardia Dilatation
Pulmonary Hypostasis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) [illegible] M. D.

, 19 (Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Oct 7, 1926
20 UNDERTAKER John H. Trader	ADDRESS 1027 Druid Hill

...ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14707

CERTIFICATE OF DEATH.

101 001 E 14707

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 W. Lee ST. 22-1 WARD)

2-FULL NAME John Anderson

(a) RESIDENCE NO. 616 W. Lee ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Anderson

6 DATE OF BIRTH (month, day, and year): — 1873

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cutting Stone 075

(b) General nature of industry, business, or establishment in which employed (or employer): Hill gardner

(c) Name of employer: Am Tr Armor Co

9 BIRTHPLACE (city or town) (State or country): Maryland — Maryland

10 NAME OF FATHER: John Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mary Anderson

(Address): 616 W. Lee St.

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/3 19 26

17 I HEREBY CERTIFY, That I attended deceased from 9/30, 19 26, to 10/3, 19 26, that I last saw h[illegible]ive on 10/3, 19 26, and that death occurred, on the date stated above, at 6:20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No,

What test confirmed diagnosis? None

(Signed) Dan Francheschi M. D.

10/4 19 26 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Oct 6 1926

20 UNDERTAKER: John H. Toadvine

ADDRESS 1027 Druid Hill

Spec.—12-9-25—A Co.—200 Bks.

Jennie Sharp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14708 47 E 14708

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Sharp

(a) RESIDENCE NO. 617 Chapel St. St. _____ Ward _____

(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	Col	Wid

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) 1860

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) New York

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Lynette

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

Informant Hospital Records

(Address)

C. HAMPSON JONES, M. D.

Filed _____ 19 _____

1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 4, 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-20, 1926, to 10-4-, 1926

that I last saw h[illegible] alive on 10-4-, 1926

and that death occurred, on the date stated above, at 12 45 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast & Metastases

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. Blumgart, M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Asbury Cemetery Oct. 6 1926

20 UNDERTAKER ADDRESS

Chas. H. Johnson 416 N. Carolina St.

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14709

CERTIFICATE OF DEATH.

1929 E 14709

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 1 E V WARD)

2-FULL NAME Elizabeth Glascol

(a) RESIDENCE NO. 563 Orchard ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 9 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Ott

(c) Name of employer Bates

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant City Hospital Records
(Address) C. HARRISON ELLIS, M. D.

1926 Per ..., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1 1926

17 I HEREBY CERTIFY, That I attended deceased from September 20, 1926, to October 1, 1926, that I last saw h.. alive on September 30, 1926, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Acute Nephritis
Chronic Myocarditis
(duration) yrs. ? mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general & laboratory

(Signed) R. Hoopin Smith, M. D.

10/1, 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL 10 6 1926

20 UNDERTAKER Samuel A. Brusley ADDRESS 575 N. Bond

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14710

CERTIFICATE OF DEATH.

11 E 14710

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. University Hospital ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter E. Brown

(a) RESIDENCE NO. 817 Washington Blvd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Apr 13, 1922

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	5	22	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

NAME OF FATHER: Morris G. Brown

BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ethel Hozick

BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant (Address): Morris G. Brown 817 Washington Blvd.

Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/4/26, 19...., to 10/5/26, 19.... 3:30 P.M.

that I last saw h... alive on 10/5/26, 19.... 1 P.M.

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

2-3 weeks (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? University Hospital

Did an operation precede death? yes Date of 10/5/26

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) R. S. Anderson, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Oct 8 1926

20 UNDERTAKER: J. Cook — ADDRESS: 502 E. North Ave.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14711 — CERTIFICATE OF DEATH. — E 14711

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2015 Oakley St St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Theresa Morris.

(a) Residence No. 2015 Oakley St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

6-If married, widowed, or divorced ~~HUSBAND~~ of (or) ~~WIFE~~ of Theodore Morris

DATE OF BIRTH (month, day and year) Oct 28-1842

AGE, 83 yrs. 11 mos. 7 ds.

If LESS than 1 day, ...hrs. or....min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or Country), Germany on U.S. boat

10-NAME OF FATHER, Ruppert

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

(Informant) Abe Morris

(Address) 2015 Oakley St

C. HAMPSON JONES, M. D., Registrar.

1926 Pd

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 5/1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 1 1926 to Oct 5 1926.

that I last saw h.er alive on Oct 4 1926.

and that death occurred, on the date stated above, at 6.15 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds

CONTRIBUTORY (Secondary) Myocarditis.

(Duration) yrs. 6 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of None

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) George C. Shannon M. D

10/5/1926 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet — DATE OF BURIAL. Oct 8 1926

20-UNDERTAKER. Wm Cook — ADDRESS 503 E North Ave

Spec.—1-12-23—M&F—500 Bks.

9E 14712 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14712

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 25-1 WARD)

2-FULL NAME Samuel Clat Clay

(a) RESIDENCE NO. 336 Maryland Ave ST., Brooklyn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anita James

DATE OF BIRTH (month, day, and year) 1-1-1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	9	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) 029

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ind -

30 NAME OF FATHER James Clatsley

31 BIRTHPLACE OF FATHER (city or town) (State or country) Ind -

32 MAIDEN NAME OF MOTHER Sarah Ivard

33 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind -

Informant Record

(Address) JOHNS HOPKINS HOSPITAL

Filed 10-6, 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1926, to Oct 4, 1926, that I last saw h... alive on Oct 4, 1926, and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Syphilis of heart & aorta

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? W.R.

(Signed) Louis C. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	10/6 1926
20 UNDERTAKER	ADDRESS
I. Frew McCully	130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14713

CERTIFICATE OF DEATH.

160 E 14713

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N. Hoffman ST., 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Sylvester Gibson

(a) RESIDENCE NO. 222 N. Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 15, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	20/19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Lewis Gibson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Eleanor Gibson

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

Informant Lewis Gibson

(Address) 222 N Hoffman St

Filed 1926 By HARRY S. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3d 1926 to Oct 5, 1926, that I last saw him alive on Oct 4th, 1926, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 3 mos d.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms

(Signed) L. Lee Chen, M. D.

1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Oct 6/926
20 UNDERTAKER Samuel Carton	ADDRESS 596 Pine

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14714

CERTIFICATE OF DEATH.

31 E 14714

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., (T. 3) 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Ford (Thomas)

(a) RESIDENCE NO. 520 Pierce st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

DATE OF BIRTH (month, day, and year) 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	24			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry work

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER James Wells,

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant Hospital Records

(Address)

Filed OCT 6 - 1926 THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1926 to Oct. 4, 1926.

that I last saw her alive on Oct. 4, 1926,

and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tb.

Tuberculous Laryngitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Lattens, M. D.

10-4-26, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral No	Oct 6 1926
20 UNDERTAKER	ADDRESS 916
D. Ward Easton	Pa Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14715

E 14715

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy C Baptista

(a) RESIDENCE NO. 1337 Woodyear st Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Baptista

7 DATE OF BIRTH (month, day, and year) 1897

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Washington D C

10 NAME OF FATHER Dan Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not known

12 MAIDEN NAME OF MOTHER Ann Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

Informant Louis Baptista

(Address) 1337 Woodyear st

Filed ... 19 ... Per ... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 4 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

30 minutes (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY automobile accident (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) J. J. Heuisler M. D. (Coroner)

10/5, 1926 (Address) 202 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Oct 6/1926

20 UNDERTAKER Daniel Easter ADDRESS 916 Lane

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14716

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-004

E 14716

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 926 Hevington St., 13-6 Ward)

2-FULL NAME Hannah Kuff

(a) RESIDENCE NO. 926 Hevington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Kuff

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

Informant Ida Kuff

(Address) 926 Hevington East

Filed 19 R K Registrar

C15 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

10 - 6 - 26

17

I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1926, to Oct. 6, 1926, that I last saw h.. alive on Oct. 6, 1926, and that death occurred, on the date stated above, at 3.40 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchs. pneumonia.

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. S. Neustadt, M. D.

10/6, 1926 (Address) 1730 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave | Date of Burial 10/6 19 26

20 UNDERTAKER Jack Levis | ADDRESS 1439 E Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

E 14717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 14717

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Gordon

(a) RESIDENCE NO. 223 Rock Pl St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: X

7 DATE OF BIRTH (month, day, and year): 1890

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

Informant: Herman Gordon

(Address) 15-29 Bond St

Filed....., 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 5th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

(Address) 1639 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. 1 day mos. ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 10/6/1926

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14718

CERTIFICATE OF DEATH.

5-12-129

E 14718

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 N. North Ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Belle C. Miller

(a) RESIDENCE NO. 1809 N. North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Miller

DATE OF BIRTH (month, day, and year) June 19-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	3	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Cincinnatti (State or country) Ohio.

10 NAME OF FATHER Charles A. Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12 MAIDEN NAME OF MOTHER Frances Weaver

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant Mrs Charles Miller

(Address) 2307 N. Charles St

Filed ..... 19 ..... Registrar

OCT 6 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from March, 1923, to Oct 5, 1926, that I last saw her alive on Oct 4, 1926, and that death occurred, on the date stated above, at 2.10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

about 4 yrs. mos ds.

(duration)

CONTRIBUTORY (Secondary) Chron Myocarditis about 3 yrs. mos. ds.

(duration)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. M Duvall, M. D.

Oct 6, 1926 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Manchester Md	Oct 8 1926
20 UNDERTAKER	ADDRESS
Josiah Ryker	1600 N. Wolfe Ave

...cc.—1-12-23—M&T—500 Blks.

E 14719

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14719

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 20-5-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Vivian Barnhardt

(a) RESIDENCE NO. 2029 Booth St ST. Balto WARD Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ———

7 AGE: 1 Yr. | Years | Months | Days | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ———

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Jean Barnhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bernice Lizar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Records (Address) 2029 Booth St.

Filed ... JOHNS HOPKINS HOSPITAL ... Registrar

Oct 6 - 1926. LK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct-5, 1926, to Oct 5, 1926,

that I last saw h... alive on Oct 5, 1926,

and that death occurred, on the date stated above, at 5:20 P. m.

The CAUSE OF DEATH* was as follows:

Meningococcus Meningitis

(duration) ... yrs. ... mos 15 ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar Puncture

(Signed) Howard McConaughey, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wl. Laurel Cem

DATE OF BURIAL: Oct 7 1926

20 UNDERTAKER: F J Cowan & Son. F J Cowan.

ADDRESS: 901 Holl...

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14720 — 129 E 14720

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1616 Walker St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. L. King

(a) RESIDENCE NO. 1616 Walker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary E. King

7 DATE OF BIRTH (month, day, and year): Aug 13/48

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	78	1	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Driver 023

(c) Name of employer

9 BIRTHPLACE (city or town): Balt

(State or country)

10 NAME OF FATHER: Amos King

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

Informant: Mary E. King

(Address) 1616 Walker

Filed ....., 19.. C. THOMPSON JONES, M.

6 - 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to October 3, 1926, that I last saw him alive on October 2, 1926, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis and Arterial Hypertension, 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation 7

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Albert Rosenberg, M. D.

10/7 1926 (Address) 2007 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk — Date of Burial: Oct 6 1926

20 UNDERTAKER: Philip Henry — ADDRESS: 2016 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14721

CERTIFICATE OF DEATH.

E 14721

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 28 W Lutteman St. 25-2 Ward) 160

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Edward Knight

(a) RESIDENCE NO. 28 W Lutteman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 2W ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 13th 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	2W	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER John M. Knight

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Selby

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

Informant John M. Knight

(Address) 28 W Lutteman St

Filed ....., 19 .....

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Oct 5, 1926, that I last saw h-i-m alive on Oct 5, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Marasmus

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

*If not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Evidence

(Signed) Duncan P Alley, M. D.

, 19 (Address) 334 Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: Oct 7th 1926

20 UNDERTAKER: F D Hepfner — ADDRESS: 1850 N. Paca St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14722

CERTIFICATE OF DEATH.

E 14722

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 405 S. Elwood Ave. St. 124 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James F. Cloman

(a) RESIDENCE NO. 405 S. Elwood Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes A. Cloman

7 DATE OF BIRTH (month, day, and year) Feb. 18, 1843

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	83	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Harford Co., Md.

10 NAME OF FATHER Edward Cloman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Sampson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant Andy Bane Jr.

(Address) 405 Elwood Ave. Balto. Md

Filed_____, 19____ Per_____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 5 1926 19

17 I HEREBY CERTIFY, That I attended deceased from March, 19 25, to October, 1926, that I last saw h.im alive on Oct 5, 1926, and that death occurred, on the date stated above, at 8.00 P. m.

The CAUSE OF DEATH* was as follows: myocarditis — aortic insufficiency

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. S. Howard, M. D.

, 19 (Address) 421 S Elwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Johns Cem. Kingsville	Oct. 8 19 26
20 UNDERTAKER	**ADDRESS**
Clarence E. Arthur	Fork, Md.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14723

CERTIFICATE OF DEATH.

188-007 E 14723

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Md. Gen. Hosp. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen F. Scribner

(a) RESIDENCE NO. 367 Maple Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 Color or Race: white | 5 Single, Married, Widowed, or Divorced. (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Scribner

6 DATE OF BIRTH (month, day, and year): Aug. 1, 1864

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	1	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

BIRTHPLACE (city or town) _____

(State or country) Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

Informant Stephen F. Scribner

(Address) 367 Maple Ave.

Filed _____ C. THOMPSON JONES, M. D.

1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Motorcycle accident

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. J. Kenney M. D.

(Coroner)

, 19 , (Address) 180 Newington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ellamd Com Oct 8 1926

Date of Burial

20 UNDERTAKER: Ehenowith Son

ADDRESS 3417 Chestnut Ave

Spec.—6-3-19—H. P. Co.—1000 Bks.

E 14724 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14724

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3345 Chestnut Av (St.) 33 (Ward) 34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Son of Elsie M Harmon

(a) RESIDENCE. No. 3345 Chestnut Av St., 13 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct. 5 - 1926

AGE	Years	Months	Days	If LESS than 1 day, 17 hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER Elsie M Harmon

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Elsie M Harmon
(Address) 3347 Chestnut Av

Filed 6 - 1926 H. A. Mc... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1926, to Oct 6, 1926, that I last saw h[illegible] alive on Oct 5th, 1926, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Asthenia due to Premature birth.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) —

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) C B Norment, M. D.

, 19 (Address) 3347 Chestnut Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	Oct 7 1926
20 UNDERTAKER	ADDRESS
A S Marshall	3539 Gallow Rd

Spec.—1-10-21—M&T—1500 Bks.

E 14725 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14725

CERTIFICATE OF DEATH.

46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Latrobe Apts, Charles & Read ST., 11th WARD)

2-FULL NAME Eliza V Hughes Stokes

(a) RESIDENCE NO. Latrobe Apts. Charles & Read ST., 11th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. — mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Sept. 5, 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	74	—	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Wm. H. Stokes

11 BIRTHPLACE OF FATHER (city or town) Havre de Grace
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Taylor

13 BIRTHPLACE OF MOTHER (city or town) Fredericks
(State or country) Md.

Informant Wm. Royal Stokes
(Address) 1639 N. Calvert St

Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug 30 1926. to Oct 5 1926.
that I last saw h[illegible] alive on Oct 5 1926.
and that death occurred, on the date stated above, at 8 A m.
The CAUSE OF DEATH* was as follows: Uraemia Cholemia

About 1 yrs — mos — ds.
(duration)

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Thos Turner M. D.

Oct 6 1926 (Address) 1327 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 10-7-1926

20 UNDERTAKER Henry W. Jenkins' Sons Co

ADDRESS Orchard & Mc Cullah

Spec.—1-10-21—M&T—1500 Bks.

E 14726

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14726

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Visitation Convent

REGISTERED NO.....

CITY OF BALTIMORE: (No. 60 & Park Ave. ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary T. Miles (Sister Mary Clare Miles

(a) RESIDENCE No. 60 & Park Ave. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 22, 1839

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	6	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious 065

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

(c) Name of employer

BIRTHPLACE (city or town) Emmitsburg Md.
(State or country)

10 NAME OF FATHER William Miles

11 BIRTHPLACE OF FATHER (city or town) Not known
(State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town).....
(State or country)

Informant Mother Mary Blaise Wallace
(Address)

Filed 1926 C. THAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1926, to Oct 5th, 1926,

that I last saw h.. alive on Oct 5th, 1926,

and that death occurred, on the date stated above, at 1.00 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis Senility

(duration) 10 yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Sign & Symptoms.

(Signed) F. E. Gaylord, M. D.

Oct 6th, 1926 (Address) 1300 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 10-7-1926

20 UNDERTAKER Henry W. Lynch & Sons ADDRESS

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14727

CERTIFICATE OF DEATH.

E 14727

1-PLACE OF DEATH Bon Secours Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Fulton Sts. WARD)

2-FULL NAME Miss Betty Fitzsimmons

(a) RESIDENCE NO. 1411 John St. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 22 1858

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	7	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Maryland
(State or country)

NAME OF FATHER Michael Fitzsimmons

BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

MAIDEN NAME OF MOTHER Jane Creevy

BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Hospital Record
(Address)

Date 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 1925, to Oct. 5 1926, that I last saw her alive on Oct. 5 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - left
Arteriosclerosis

(duration) +5 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lilpay, M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	10/7 1926

20 UNDERTAKER Geo A Foley Fulton & Fayette ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

E 14728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 14728

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 926 S. Curley St St. 1-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Barthel

(a) RESIDENCE NO. 926 S. Curley St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Barthel

7 DATE OF BIRTH (month, day, and year): Mch 29-1847

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	6 5	8 7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country): Germany.

10 NAME OF FATHER: John Steinmetz

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Anna Metzger

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ger.

Informant: Jacob Barthel

(Address): 1721 S. Curley St

Filed C. THOMPSON JONES, M. D. Registrar

26 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 5-1926

17 I HEREBY CERTIFY, That I attended deceased from 1924 Oct 5 26, 19..., to ..., 19...,

that I last saw h... alive on ..., 19...,

and that death occurred, on the date stated above, at 11.40 P.M.

The CAUSE OF DEATH was as follows:

Myocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

10/5/26 (Signed) L. Braun M. D.

19 (Address) 2939 W. Cedar

Note the Disease (Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Cat. Date of Burial 19

20 UNDERTAKER: Lilly & Zeller ADDRESS: 403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

14729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14729

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 Wabash Ave. ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Rider

(a) RESIDENCE NO. 4501 Wabash Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. H. Rider

DATE OF BIRTH (month, day, and year) 7-29-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER George I Stubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Susannah Spicer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Chas H. Rider

(Address) 4501 Wabash Ave

Filed 1926

C. HAMPSON JONES, M. D.

Per PKB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4th 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 30th 1925 to Oct 4th 1926.

that I last saw her alive on Oct 4th 1926,

and that death occurred, on the date stated above, at 11 50 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory.

(Signed) L. L. Gordy M. D.

10-5, 1926 (Address) 4218 Hartford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem

DATE OF BURIAL 10/6 1926

20 UNDERTAKER J. Frew McCully

ADDRESS 130 E. Fort

Spec.—1-10-21—M&T—1500 Bks.

E 14730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14730

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 Calvert ~~St.~~ Heights Ave WARD) 33

REGISTERED NO. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Chas Jefferson West

(a) RESIDENCE NO. 2328 Calvert Heights Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R Hazel West

DATE OF BIRTH (month, day, and year) 1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	51			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Carroll Co Md

10 NAME OF FATHER Lincoln S West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cornelia Kemp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Mary R. West

(Address) 2328 Calvert Heights

Filed ... 19 C. THOMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 5, 1926, to Oct 6, 1926,

that I last saw him alive on Oct 6, 1926,

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Myocardi Cis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? yes.

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) John A Evans, M. D.

, 19 (Address) 612 W 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Oct 8 1926

20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Fayette

...ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14731

CERTIFICATE OF DEATH.

E 14731

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Gorham

(a) RESIDENCE NO. Rocky Mount, N.C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 15 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~15~~	13	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rocky Mount, N.C.

10 NAME OF FATHER Dr. Louis R. Gorham

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Bryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

Informant Dr. Louis R. Gorham
(Address) Rocky Mount, N.C.

Filed 1926 C. Hopkins Johns H... Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1926, to Oct 6th, 1926.

that I last saw her alive on Oct 6th, 1926,

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Cerebellar

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct 6th '26

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George G. Finney, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rocky Mount, N.C.	Oct 7 1926
20 UNDERTAKER	ADDRESS
John O. Mitchell	120 N. Fayette St

...ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14732

CERTIFICATE OF DEATH.

X8 E 14732

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Mary Isabel Fraser

(a) RESIDENCE NO. Jeffrey Hill N. J. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Unknown

GE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
2				

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) New Hartford, N.Y.
(State or country)

NAME OF FATHER Robert D Fraser

BIRTHPLACE OF FATHER (city or town) .....
(State or country) N.Y.

MAIDEN NAME OF MOTHER Estelle Wallace

BIRTHPLACE OF MOTHER (city or town) .....
(State or country) N.Y.

Informant .....
(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1926, to Oct 6, 1926, that I last saw her alive on Oct 6, 1926, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Hypophyseal

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Oct 5 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) George G. Finney, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Utica N.Y.	10/7/26
20 UNDERTAKER	ADDRESS
Joseph Abrams	221 Henry

ec.—1-12-23—M&T—500 Bks.

Michael Zaleinski

95839

E 14733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 14733

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 1-4

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No..... ST., ... WARD)

2-FULL NAME Boy Zalienski

(a) RESIDENCE NO. 946 S. Hacken St ST., Balto WARD Md —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Sep 20-1926

GE	Years	Months	Days 15	If LESS than 1 day, ... hrs. or ..... min.
		~~15~~	14	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) Balto-Md —
State or country)

0 NAME OF FATHER Michael Zielinski

1 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

2 MAIDEN NAME OF MOTHER Agnes

3 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Friends —
(Address)

Filed ..... JOHNS HOPKINS HOSPITAL
1926 C. MADISON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 22, 1926, to Oct 5, 1926, that I last saw h alive on Oct 5, 1926, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

(Hernia into umbilical end - Incarcerated
(acute) Fulus media

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Septicemia · bronchopneumonia
fol. Fulus media (duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Yes Date of 9/23/26

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture

(Signed) ..... M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Oct 7 1926
20 UNDERTAKER	ADDRESS
Stephen J Trzaskowski	1000 Hanover St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14734

CERTIFICATE OF DEATH.

113

E 14734

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 619 S. Bethel St. W Ward)

2-FULL NAME Sylvester Odair

(a) RESIDENCE NO. 619 S. Bethel St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race? White

5 Single, Married, Widowed, or Divorced, (write the word): Child

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 14-25

AGE	Years	Months	Days 22	IF LESS than 1 day ....hrs. or ....min.
		9	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General natnre of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER Hubert

11 BIRTHPLACE OF FATHER (city or town) Ala

(State or country)

12 MAIDEN NAME OF MOTHER Adelaide

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

Informant Hubert Odair

(Address) 619 S. Bethel St

Filed ..... 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 26 to Oct 6 26

that I last saw h.. alive on Oct 6 26

and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(dnration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(dnration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. Ley Daniel, M. D.

Oct. 19 (Address) 8 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natnre of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: 10/7 26

20 UNDERTAKER: H. H. Gazelski — ADDRESS: 1930 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14735

CERTIFICATE OF DEATH.

90 E 14735

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1311 Ashland Ave. St., 10-W Ward)

2-FULL NAME Sarah L. Smith

(a) RESIDENCE NO. 1311 Ashland Ave. St. _____ Ward _____

(Usuat place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert R Smith

7 DATE OF BIRTH (month, day, and year): Unknown 1873

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of emptoyer

8 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

10 NAME OF FATHER: John Gleaves

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Md.

Informant: Martha Smith

(Address): 1311 Ashland ave.

Filed OCT 7 1926, 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) History Angina

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Weller M. D.

(Coroner)

10/7/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mahony Cemetery — Date of Burial: Oct 8 1926

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1125 Ashland ave

Spec.—12-9-25—A Co.—200 Bks.

E 14736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

105 E 14736

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 Green St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter B. Rice,

(a) RESIDENCE NO. 400 on Green St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced BUSBAND of (or) W[illegible]: Emma Rice.

7 DATE OF BIRTH (month, day, and year): Feb 14 1887.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Calvert Co Md,

10 NAME OF FATHER Thomas Rice.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Calvert Co Md.

12 MAIDEN NAME OF MOTHER Gracie Johnson.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co. Md.

Informant Lester Rice

(Address) 400 N. Green St.

Filed..... 19..... Registrar

1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5, 1926.

17 I HEREBY CERTIFY, That I attended deceased from October 3 1926, to October 5, 1926, that I last saw h.m alive on October 4, 1926, and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of heart -

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchial Asthma + Over exertion

(duration) ... yrs. ... mos. 35 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. C. Hughes, M. D.

, 19 (Address) 825 N. Fremont Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cemetery	Oct 7, 1926
20 UNDERTAKER Mrs James H. Dennis per T. E. Kelson.	ADDRESS 1303 Presstman

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14737

CERTIFICATE OF DEATH.

129 E 14737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 North Rose ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Setelik

(a) RESIDENCE No. 802 North Rose ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? 18 yrs. 6 mos. 15 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year) 1908 Mar 2

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	6	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): School

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto City Maryland

NAME OF FATHER: Joseph Setelik

BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

MAIDEN NAME OF MOTHER: Josephine

BIRTHPLACE OF MOTHER (city or town) (State or country): Pelisek Bohemia

Informant (Address): Anton Pasek 802 North Rose St.

Filed ..... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 7, 19 26, to Oct 7, 19 26, that I last saw h alive on June 7, 19 26, and that death occurred, on the date stated above, at 12 25 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(duration) yrs. 4 mos ... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Urin

(Signed) L. C. Kramer M. D.

Oct 9 19 26 (Address) 30 W Pat Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Oct 11 19 26

20 UNDERTAKER: August Pasek

ADDRESS: 240 Ashland Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14738

CERTIFICATE OF DEATH.

90 E 14738

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 40 S. Sixth (St.) No. 6 (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Ann Hutson

(a) RESIDENCE No. 1108 S. 6th ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Hutson

DATE OF BIRTH (month, day, and year) Feb 1st 1843

AGE	Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
	83	8	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penn

10 NAME OF FATHER Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) dont know

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (city or town) " "

(State or country)

Informant Ida J. Armsworthy

(Address) 108 S. 6th St

Filed ..... 19 .....

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from ..... 19 26 to Oct 7 19 26,

that I last saw her alive on Oct 2 19 26,

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Senile Debility

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Surgical

(Signed) ..... M. D.

(Address) 1 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 7 1926
20 UNDERTAKER J. A. Moran	ADDRESS 8 E Baltimore St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 14739

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 14739

REGISTERED NO.

City of BALTIMORE: (No. 816 Caroline St. St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Westely Dorsey

(a) RESIDENCE NO. 816 Caroline St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct. 20th. 1923

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	11	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER James Dorsey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Florence Molock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

Informant Florence Molock

(Address) 816 Caroline St.

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

10-5- '26

17

I HEREBY CERTIFY, That I attended deceased from Oct. 2nd. 1926 to Oct 5th. 1926, that I last saw him alive on Oct. 5th. 1926, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of deat

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Wm. J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodberry cemetery	OCT 8 1926
20 UNDERTAKER	ADDRESS 1631
Edward Bryan	orleans st

Spec.—1-12-23—M&T—500 Blks.

46229

E 14740

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14740

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-3 ST., WARD)

REGISTERED NO. 95

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constance Cole

(a) RESIDENCE NO. 219 N. Monroe Ave. ST., Balto WARD Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas.

DATE OF BIRTH (month, day, and year) 1926

AGE: Years | Months: 9 | Days | If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Ferdell Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gladys Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Friends

(Address)

Filed JOHNS HOPKINS HOSPITAL 19 Oct 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1926, to Oct 5, 1926,

that I last saw her alive on Oct 5, 1926,

and that death occurred, on the date stated above, at 1.26 p m.

The CAUSE OF DEATH* was as follows:

1. Rickets

2. Pertussis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Pneumonia, bronchial

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Brockbridge M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn cemetery

DATE OF BURIAL Oct 8 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1681 Orleans St

ec.—1-12-23—M&T—500 Blks.

9d 189
D 14741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 E 14741

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

2-FULL NAME Mary Jenkins

(a) RESIDENCE NO. 15 E Pelsin ST. Balto WARD Incl
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

NAME OF FATHER Warren Pollard

BIRTHPLACE OF FATHER (city or town) (State or country) Va

MAIDEN NAME OF MOTHER L. Graham

BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 ..... RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1926, to Oct 5, 1926, that I last saw h.r alive on Oct 5, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction. Acute adhesions, post operative.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Oct. 3, 1926

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) J. Ward, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL Oct 10 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1691 Orleans St

ec.—1-12-23—M&T—500 Blks.

E 14742 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 47 E 14742

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 1511 John St ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Lang Whitmarsh

(a) RESIDENCE NO. 1511 John st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 5 76

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	8	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

NAME OF FATHER Geo W Whitmarsh

BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

MAIDEN NAME OF MOTHER Elizabeth A Jamison

BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Miss M G Whitmarsh 1511 John St.

Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1926, to Oct 5, 1926, that I last saw her alive on Oct 4, 1926 and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cancer of the breast with metastasis to internal organs.

(duration) not known yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of Oct 5-1926

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) Marie L Ingram, M. D.

, 19 (Address) 2439 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Oct 7 1926
20 UNDERTAKER	ADDRESS
W M Routson	223 N Milton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14743

CERTIFICATE OF DEATH.

66 E 14743

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1231 Bayard St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie A. Williams

(a) RESIDENCE NO. 1231 Bayard St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Williams

7 DATE OF BIRTH (month, day, and year): Sept 12th 1902

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
24		=	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Presser in underwear factory

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Regatta Mfg Co

BIRTHPLACE (city or town): Balto

(State or country)

10 NAME OF FATHER: Major Adams

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Ellenora Allen

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

Informant: Major Adams

(Address) 1231 Bayard St

Filed ....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5th 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Norton M. D.

(Coroner)

Oct 6th, 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery Date of Burial: Oct. 9 1926

20 UNDERTAKER: John M. Johnson ADDRESS 1234 Eutaw St.

OCT 7 1926

GRAHAM JONES M.D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14744

CERTIFICATE OF DEATH.

42-2 113 E 14744

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 708 Hanover St. 42-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Sharp.(C)

(a) RESIDENCE NO. 708 Hanover St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) June 8, 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	3	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER William Sharp(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Fannie White.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

Informant William Sharp.(C)father.

Address 708 Hanover St.

CHAS. SIN JONES, M. D.

19____

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 5, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastro Intestinal Indigestion

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. Leonhardt (Coroner) M. D.

10/6 1926 (Address) 1017 E. Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion — Date of Burial Oct 7 1926

20 UNDERTAKER R. L. Parham — ADDRESS 1216. E. Sharp st

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14745

CERTIFICATE OF DEATH.

113 E 14745

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 S. Curley ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Kraemer, Jr.

(a) RESIDENCE (No. 1106 S. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 28 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min
		4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

NAME OF FATHER: John A. Kraemer

BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Lillian Weis

BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

Informant: Lillian Kraemer

(Address): 1106 S. Curley St.

Filed 1926, 19 R.J.C. Registrar

C. P. JOHNSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-6-, 1926, to 10-6-, 1926, that I last saw h[illegible] alive on 10-6-, 1926, and that death occurred, on the date stated above, at 1:25 P. m.

The CAUSE OF DEATH* was as follows:

Entero-colitis

(duration) yrs. mos 3 days

CONTRIBUTORY (Secondary) Myocardial Insuf.

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Brownlas, M. D.

10-7, 1926 (Address) 3037 Ortmell Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: Oct 8 1926

20 UNDERTAKER: Zirkler + Zirkler — ADDRESS: 1739 E. Eager St

dec.—1-12-23—M&T—500 Bks.

14796

2 of Lyons Fall Pattern

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14746

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 14746

REGISTERED NO.

CITY OF BALTIMORE: (No. 3605 Lyons Oak ST., ~~26~~ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie M. Sandall

(a) RESIDENCE NO. 3605 Lyons Oak ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Chester

6 DATE OF BIRTH (month, day, and year): Nov 19 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	78	7	17	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Germany

9 NAME OF FATHER: Theodore Dietz

10 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

11 MAIDEN NAME OF MOTHER: Louise Pletsch

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

13 Informant (Address): Mrs Louise Long 3605 Lyons Oak

Filed ... 1926 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 6 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 18 1926, to Oct 6 1926

that I last saw h... alive on Oct 6 1926

and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* was as follows:

Chronic Myocarditis

7

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Maynard Gark M.D.

, 19 (Address) 2107 Evergreen Falls Pkwy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Hill

DATE OF BURIAL: 9 1926

20 UNDERTAKER: J. Frank Cook

ADDRESS: 902 E. Fayette

E 14747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14747

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE (No. 2332 Pennsylvania Ave Ward)

(If death occurred in a hospital or institution, give its NAME Instead of street and number and fill out No. 18.)

2-FULL NAME Franklin Peregory

Residence in Baltimore: No. 2332 Pennsylvania St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

DATE OF BIRTH, Jan (Month) ? (Day) 86? (Year)

AGE 62 yrs. 9 mos. ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE, (State or Country) Balto County

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER, (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER, (State or Country) Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Fred Reichert

(Address) 241 Broadway Pimlico

7-1926 192.. C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 5 (Month) (Day) 192.. (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by gun shot wound Head Chest

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs.....mos.....ds.

(Signed) .....M. D. (Coroner.)

.....192.. (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Druid Ridge	9-8 192 6
20-UNDERTAKER, Wm Cook	ADDRESS 502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

E 14748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

REGISTERED No. E 14748

1-PLACE OF DEATH

City of BALTIMORE: (No. 1001 Asquith St. 10-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Frank G. Sebald.

(a) RESIDENCE NO. 1001 Asquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Sebald

7 DATE OF BIRTH (month, day, and year): May 6/1857

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	5	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Germany.

10 NAME OF FATHER: Valentine Sebald.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant: Elizabeth Sebald.

(Address): 1001 Asquith St.

Filed 1926 19 CLAYSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Oct 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 26. to Oct 5 26.

that I last saw alive on Oct 5th 26.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Liv.

Did an operation precede death? Date of

Was there an autopsy? Liv.

What test confirmed diagnosis?

(Signed) John A. Johnson, M. D.

19 (Address) 1337 St Charles Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer	Oct 8 1926
20 UNDERTAKER	**ADDRESS**
Frank A Fink	916 N. Gay

Spec.—1-10-21—M&T—1500 Bks.

E 14749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14749

1-001

1-PLACE OF DEATH St Joseph's Hospital.

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Kolodzieski

(a) RESIDENCE NO. 1607. Alice Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen. Kolodziewski

DATE OF BIRTH (month, day, and year) June 22, 1899

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27.	3	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore. Md..

10 NAME OF FATHER Jonas Merkiewicz.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER Pelagia Kulczynski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

Informant (Address): Mrs. Steve Kolodziejski 1607 aliceanna St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Par R. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1926, to Oct. 6, 1926, that I last saw her alive on Oct 6., 1926 and that death occurred, on the date stated above, at 7:24 p. m.

The CAUSE OF DEATH* was as follows:

Typhoid. Fever

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of —

Was there an autopsy? None.

What test confirmed diagnosis? Clinical.

(Signed) Joseph M. Sullivan M. D.

10/6/26 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Oct 9 1926

20 UNDERTAKER: John M Weber ADDRESS: 1803 Bank

Spec.—1-12-23—M&T—500 Bks.

E 14750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14750

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH ~~JOHNS HOPKINS HOSPITAL~~ 14-1

CITY OF BALTIMORE: (No. 1414 W. Baltimore ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Whitelock

(a) RESIDENCE NO. 1414 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Whitelock

DATE OF BIRTH (month, day, and year) Dec 23, 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49		9	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer Has not worked for 3 yrs.

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Washington Whitelock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth Willis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant John T. Truefoot

(Address) 4145 Eastern Ave

Filed ... JOHNS HOPKINS HOSPITAL ... Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1926, to Oct 6, 1926,

that I last saw him alive on Oct 6, 1926,

and that death occurred, on the date stated above, at 12:50 A m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion, Chronic Myocarditis

Arteriosclerosis, Chronic Nephritis

(duration) ~~Chronic~~ yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary Occlusion

(duration) a few hours yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) E. Cowie Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Vernon Somerset Co. Md	Oct 7th 1926
20 UNDERTAKER	ADDRESS
Harry H Nigle	1531 N Fulton Ave

Spec.—12-9-25—A Co.—200 Bks.

E 14751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X58-201

E 14751

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St._____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Thomas

(a) RESIDENCE NO. Littlestown, Pa St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Thomas

7 DATE OF BIRTH (month, day, and year): September 6 1865

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager silk mill

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town): Catasaqua, Pa.

(State or country)

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): unknown

(State or country)

Informant (Address): Church Home & Infirmary N. Broadway Balto. Md.

Filed 1926 C. KAMPSON JONES, M. D. Registrar

Per Prex

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: October 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1926, to Oct 7, 1926,

that I last saw him alive on Oct 7, 1926,

and that death occurred, on the date stated above, at 1.20 P.M.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 6 yrs. mos. ds.

CONTRIBITORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Vernon H Norwood M. D.

Oct 7, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Littlestown Pa — Date of Burial: Oct 10 1926

20 UNDERTAKER: John A Little — ADDRESS: Littlestown Pa

ec.—1-12-23—M&T—500 Blks.

4752

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14752

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 933 West Lexington ST. 18-V 113 WARD)

2-FULL NAME Edward William Paul

(a) RESIDENCE NO. 933 West Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) July, 9th 1925

GE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	1	2	27	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

NAME OF FATHER Charles B. Paul

BIRTHPLACE OF FATHER (city or town) Oxford (State or country) New York

MAIDEN NAME OF MOTHER Ada Fines

BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Charles B. Paul
nformant
(Address) 933 W. Lexington St.

1926 C. HAMPSON JONES, M. D.
iled ..... 19 .....
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October, 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1926, to Oct 6, 1926, that I last saw h..... alive on Oct 5, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Entero Colitis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Infantile Atrophy

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

Oct 6, 1926 (Address) 939 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Oct. 8th 1926
20 UNDERTAKER	ADDRESS
Joseph B Cook	1003 W. Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 14753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14753

CERTIFICATE OF DEATH.

25-3 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Spence ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melva Blanche Payne

(a) RESIDENCE NO. 1127 Spence ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) December 17 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	—	9	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Elect Light & Power Co

BIRTHPLACE (city or town) Ivorywell Park

(State or country) Balto City, Maryland

10 NAME OF FATHER Charles Ellery Payne

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Catherine E. Offendall

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

Informant Charles E. Payne

(Address) 1127 Spence Street

Filed Oct 11 1926 CHAMPSON JONES M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-6- 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-3 , 1926 , to 10-6 , 1926 .

that I last saw her alive on 10-6 , 1926

and that death occurred, on the date stated above, at 9 a- m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W B Hall, M. D.

(Address) Halethorpe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Oct 8" 1926
20 UNDERTAKER	ADDRESS
Joseph B Cole	1003 N Balto St

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14754 — 113 E 14754

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 3141 Cedar ave

CITY OF BALTIMORE: (No.) 3141 Cedar ave (ST.) (13-7 WARD)

2-FULL NAME Elinor G. Chaplain

(a) RESIDENCE NO. 3141 Cedar ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Baby.

6 If married, widowed, or divorced (HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct. 22/1925.

8 AGE: Years 0 Months 11 Days ... If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Balto city Md.

11 NAME OF FATHER: George G. Chaplain

12 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Co Md.

13 MAIDEN NAME OF MOTHER: Hettie Harrison

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co Md.

15 Informant: George G Chaplain
(Address) 3141 Cedar ave.

Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar
By ..... CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from October 5, 1926, to Oct 6, 1926, that I last saw her alive on Oct 6, 1926, and that death occurred, on the date stated above, at 345 P. m.

The CAUSE OF DEATH* was as follows:

Acute Otitis-Colitis

(duration) 1 yrs. 7 mos 5 ds.

CONTRIBUTORY (Secondary) Acute Pyelonephritis from Chronic Nephritis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles E. Clark M. D.

10/7/26 (Address) 3214 Piedmont Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Hampden — DATE OF BURIAL: 9/8 1926

20 UNDERTAKER: J Walter Davis — ADDRESS: 3307 Paine st

Spec.—1-10-21 M&T 1500 Bks.

E 14755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14755

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. [redacted] ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Kirby

(a) RESIDENCE NO. 937 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wardell Kirby

DATE OF BIRTH (month, day, and year) 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant City Hospital Records (Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 5 1926

17 I HEREBY CERTIFY, That I attended deceased from September 27, 1926, to October 5, 1926, that I last saw h[illegible] alive on October 4, 1926, and that death occurred, on the date stated above, at 5:00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocardial Insufficiency

Pulmonary Infarction

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R Hoopin Smith, M. D.

October 9 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dr K Cemetery	Oct 8 1926
20 UNDERTAKER Daniel Easton	ADDRESS 946 Gay St

Cor.—1-12-21—M&T—100 Blks.

E 14756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14756

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Univ Memorial Hospital ST. WARD)

REGISTERED NO. 1803 / 88

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME—Sam Matarazzo

(a) RESIDENCE NO 1216 Bank ST., WARD

(Usual place of abode)

ength of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Oct 23 1922

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	11	17	

CUPATION OF DECEASED
) Trade, profession or
rticular kind of work
) General nature of industry,
siness, or establishment in
hich employed (or employer)

Name of employer

THPLACE (city or town) Baltimore
te or country)

NAME OF FATHER Joseph Matarazzo

BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

MAIDEN NAME OF MOTHER Francis Egitto

BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

(formant Mary Matarazzo
ddress) 1216 Bank St

ed. 1926 C. HAMPSON JONES, M. D.
Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/5 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Injuries from Auto accident

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John J Moran M. D.
(Coroner.)
10/7, 192 (Address) 3022 Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Oct 8 1926

20 UNDERTAKER Wendell Dyffenbach ADDRESS 37 Edmondson Ave

Spec.—12-9-25—A Co—200 Bks.

E 14757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14757

CERTIFICATE OF DEATH.

118-081

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO._____

City of BALTIMORE: (No. _____ St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Hanna.

(a) RESIDENCE NO. St. Vincents Orphan Asylum Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 1882

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	44	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Co Cavan

(State or country)

10 NAME OF FATHER: Edw Hanna

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER: Margaret McKee

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

Informant: Hospital Records

(Address)

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sept 30, 1926, to Oct. 6, 1926, that I last saw h[illegible] alive on Oct 6, 1926, and that death occurred, on the date stated above, at 5 a, m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Oct 5, 26

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [signature], M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem Date of Burial 10/8 1926

20 UNDERTAKER: Geo A Farley ADDRESS Fulton & Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 14758 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14758

1-PLACE OF DEATH Union Memorial Hospital — REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST 20-3 WARD)

2-FULL NAME William L Shugars

(a) RESIDENCE NO. 2531 Lexington St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Wm L. Shugars

7 DATE OF BIRTH (month, day, and year) Mar 30, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	62	6	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer Varied

9 BIRTHPLACE (city or town) Leesburg
(State or country) Virginia

10 NAME OF FATHER Archd. M. Shugars

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Salemia Beach

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

Informant (Deceased)
(Address)

Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 . 1926 to Oct 7 . 1926 .

that I last saw him alive on Oct 7, 1926 .

and that death occurred, on the date stated above, at 1.55 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (uremia)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geraghty, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Leesburg Va	Oct 9 1926
20 UNDERTAKER Chenowith & Christmyer	ADDRESS 3477 Le

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14759 — E 14759

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL — REGISTERED NO. 16-002

CITY OF BALTIMORE: (No.) ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Brooks

(a) RESIDENCE NO. 212 East 4th ST., WARD Sharon Pt Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) June 17 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Sharon Point md

10 NAME OF FATHER Charles Brooks

11 BIRTHPLACE OF FATHER (city or town) D. C. (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Hannah Raymond

13 BIRTHPLACE OF MOTHER (city or town) Tennessee (State or country)

Informant JOHNS HOPKINS HOSPITAL (Address) Reverend

Filed ..... 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1926, to Oct 5, 1926, that I last saw h[illegible] alive on Oct 5, 1926, and that death occurred, on the date stated above, at 3 05 a.m.

The CAUSE OF DEATH* was as follows:

Dysentery, Acute Cardiac

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I R Tumbe, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Oct 8 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Lig[illegible] St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14760

CERTIFICATE OF DEATH.

129 E 14760

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1418 Vincent St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Brown Crosby

(a) RESIDENCE NO. 1418 Vincent St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Solmon Crosby

7 DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60 ?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Ot

(c) Name of employer

BIRTHPLACE (city or town): Balto

(State or country): Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Unknown

Informant: Elmyra Crosby

(Address): 1362 Bruce St.

C. THOMPSON JONES, M. D.

Filed _____ 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 23, 1926, to Oct 5, 1926, that I last saw h.... alive on Oct 5, 1926, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 ? yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) ___ yrs. ___ mos. 3 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) E. Wareham Frey, M. D.

Oct 5, 1926 (Address) 928 Fenna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Franklin W Seitz — Date of Burial: Oct 8 1926

20 UNDERTAKER: Laurel Cemetery — ADDRESS: 709 W 36 St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14761

CERTIFICATE OF DEATH.

47 E 14761

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 N. Fulton Ave. St. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda M. Deets

(a) RESIDENCE NO. 740 N. Fulton Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Deets

DATE OF BIRTH (month, day, and year) Nov. 13-1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	23 7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) "Balto - Md

10 NAME OF FATHER John E Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Gillaspie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs E. E Williams

(Address) 740 N. Fulton Ave

Filed 1926 19 Per RJC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 27, 1925, to Oct. 6, 1926.

that I last saw h or alive on Oct. 5, 1926.

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 9 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Metastasis to Spine

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr. 1917

Was there an autopsy? No

What test confirmed diagnosis? Operation & Xray

(Signed) Vernet E. Todd M. D.

10/7, 1926 (Address) 755 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Oct 8 1926

20 UNDERTAKER John B. Spence

ADDRESS 1325 N. Carolina St

HEALTH DEPARTMENT—CITY OF BALTIMORE E 14762

E 14762

CERTIFICATE OF DEATH.

REGISTERED No. C 90

1-PLACE OF DEATH Little Sisters of Poor

CITY OF BALTIMORE (No. Valley & Pitkin St. 10-2 WARD)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Hall

(Residence in Baltimore) No. Valley & Pitkin sts St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) single

6-DATE OF BIRTH, August 18, 1842
(Month) (Day) (Year)

7-AGE, 84 yrs. 1 mos. 19 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, Joseph Hall

11-BIRTHPLACE OF FATHER (State or Country), unknown

12-MAIDEN NAME OF MOTHER Maria Donnelly

13-BIRTHPLACE OF MOTHER (State or Country), unknown

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Little Sisters of Poor

(Address) Valley & Pitkin Sts

C. THOMPSON JONES, M. D.

led....., 191.6

Registrar.

Ref K H

1920

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 7, 1916
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

Sudden

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

10-7, 191.6 (Address) 1208 E. Lex. St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, Cathedral Cem. DATE OF BURIAL, 10-8, 1916

20-UNDERTAKER Wm Wadsworth ADDRESS 914 Greenmount

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14763

CERTIFICATE OF DEATH.

44 E 14763

REGISTERED NO.

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (NO. 9-1 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Carrie Fowler

(a) RESIDENCE NO. 3939 Greenmount Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct- 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER John Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Elizabeth Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Anna E. Fowler

(Address) 3939 Greenmount ave

Filed ..... 19 .....

C. MAYER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7 1926

17 I HEREBY CERTIFY, That I attended deceased from August 14, 1926, to October 7, 1926, that I last saw her alive on Oct. 7, 1926, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.

Coma

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia.

Carcinoma of Liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of October 1, 26

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Wm A. Plummer, M. D.

(Address) 720 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Oct. 9 1926
20 UNDERTAKER	ADDRESS
Heath Howe & Son	1180 N. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14764

CERTIFICATE OF DEATH.

57 ✓

REGISTERED NO. E 14764

1-PLACE OF DEATH

City of BALTIMORE: (No. 2424 Lakeview Ave. St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Manes E. Hecht

(a) RESIDENCE NO. 2424 Lakeview Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha S. Hecht

7 DATE OF BIRTH (month, day, and year) June 19th. 1861.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	3	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Traveling Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer Greif Bros.

BIRTHPLACE (city or town) Baltimore,

(State or country) Maryland.

10 NAME OF FATHER Emanuel Hecht

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Weinberg

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Mrs. Bertha S. Hecht

(Address) 2424 Lakeview Ave.

Filed ..... 19 .....

..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7, 1926.

17

I HEREBY CERTIFY, That I attended deceased from ....., 1912, to Oct 6, 1926, that I last saw h[illegible]live on Oct 6, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart. ut pulmonary Oedema

(duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 10 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Travelling South

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Harry Adler, M. D.

, 19 (Address) 1711 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Hebrew Cemetery	Oct. 8, 1926

20 UNDERTAKER	ADDRESS
Harry Sondheim	Royal Ave.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14765

161-001 E 14765

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 S. Paterson Pk Ave St. 1-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Tripp

(a) RESIDENCE NO. 134 S. Paterson Pk Ave ST., WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 6 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or 10 min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Arnold French Tripp

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Illinois

12 MAIDEN NAME OF MOTHER Rita Ruth Macarter

13 BIRTHPLACE OF MOTHER (city or town) Canada
(State or country)

14 Informant Arnold French Tripp
(Address) 134 S. Paterson Pk Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 6 1926

17 I HEREBY CERTIFY, That I attended deceased from October 6th, 1926, to October 6th, 1926,

that I last saw her alive on October 6th 1926,

and that death occurred, on the date stated above, at 11.15 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Hemicephalic Monster -

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. Morris Reese, M. D.

Oct. 7, 1926 (Address) 12 York Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery - of Md.

DATE OF BURIAL ..... 19 .....

20 UNDERTAKER .....

ADDRESS .....

pec.—1-12-23—M&T—500 Bks.

93837 E 14766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14766

38

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 10-1 WARD)

2-FULL NAME Harrison Harris

(a) RESIDENCE NO. 608 Madison St ST., Balto WARD Und

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N - Car -

10 NAME OF FATHER John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) N - C -

12 MAIDEN NAME OF MOTHER Sara Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Records - (Address) JOHNS HOPKINS HOSPITAL

Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15 1926 to Sept 29 1926, that I last saw him alive on Sept 29 1926, and that death occurred, on the date stated above, at 7 50 a.m.

The CAUSE OF DEATH* was as follows:

Syphilis, syphilitic aortitis, aortic insufficiency. Myocardial insufficiency.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Wassermann.

(Signed) Louis C. Marlen, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14767

CERTIFICATE OF DEATH.

129 V

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 613 Lennox St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmund Joseph Canton.

(a) Residence No. 613 Lennox St., Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) June 21, 1887.

8-AGE. 39 yrs. 3 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Clerk

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

10-NAME OF FATHER. Michael A Canton

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Susan L. McGraw

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md

(Informant) Edmund J. McGraw

(Address) 2304 Mt. Royal Ave

C. WILLIAMSON JONES, M. D. Registrar.

1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from May 25, 1926 to Oct 6, 1926

that I last saw him alive on Oct 6, 1926

and that death occurred, on the date stated above, at 9.50 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis (mitral regurgitation)

In Utero (Duration) yrs. mos. ds.

as sequela with chronic parenchymatous nephritis

CONTRIBUTORY (Secondary) In Utero (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? In Utero

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical & microscopic examination

(Signed) Harry W. Arthur M. D.

, 19 (Address) 3908 Hillsdale Road

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem

DATE OF BURIAL. Oct 9, 1926

20-UNDERTAKER. John O. Mitchell

ADDRESS 1202 W Lanvale

24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14768

CERTIFICATE OF DEATH.

11 2 E 14768

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 213 Myrtle Av. St. 17th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Burley

(Residence in Baltimore: No. 213 Myrtle Ave. St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Ethiopian

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, August 7, 1886 (Month) (Day) (Year)

7-AGE, 40 yrs. 1 mos. 29 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: housemaid
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Va.

10-NAME OF FATHER Cornelius Harris

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Susan Boggs

13-BIRTHPLACE OF MOTHER (State or Country), Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith Lee

(Address) 213 Myrtle ave.

OCT 8 1926 191...

per ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 6, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1926, to Oct 6 1926, that I saw her alive on Oct. 5, 8.30 Pm 1926 and that death occurred, on the date stated above, at 9.50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Uremia (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart failure

(Duration) yrs. mos. ds.

(Signed) J. J. Mahoney M. D.

OCT 7 1926 191... (Address) 424 NO. GREENE ST.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, A C Mac Co. Va. DATE OF BURIAL, Oct. 8, 1926

20-UNDERTAKER Mrs. P. G. Elliott ADDRESS 725 Ashland ave

Spec.—12-9-25—A Co.—200 Bks.

E 14769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14769

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Raymond Cox

(a) RESIDENCE NO. 521 N. Gallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): May 30, 1889

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	37	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): 88

(c) Name of employer

BIRTHPLACE (city or town): Baltimore

(State or country): md

10 NAME OF FATHER: John N Cox

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Emma Leary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

Informant: Mrs Marie Cox

(Address): 521 N. Gallas st

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 25 1926, to Oct 5, 1926

that I last saw him alive on Oct 5, 1926

and that death occurred, on the date stated above, at 8 40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) George S. Allen, M. D.

Oct 5 1926 (Address) 508 Somerset ST

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Olivet Cemetery	Oct 8 1926

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 1725 Eastaland

pec.—I-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14770

CERTIFICATE OF DEATH.

1/2 E 14770

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Paff

(a) RESIDENCE No. 29 h. Chapel St. Butto ST., Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 14 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9 yrs	10 Months	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Butts - Md

10 NAME OF FATHER Joseph Paff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Butts Md

12 MAIDEN NAME OF MOTHER Ann Schueler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Butts Md.

Informant Records - (Address)

Filed Oct 11 1926 JOHNS HOPKINS HOSPITAL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 24, 1926, to Oct 7, 1926,

that I last saw her alive on Oct 7, 1926,

and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

acute gastro intestinal intoxication (Entero colitis)

Syphilis

(duration) yrs. mos 27 ds.

CONTRIBUTORY (Secondary) Otitis media, Pneumonia?

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Theresa M. Comrade, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 9 1926
20 UNDERTAKER Wendell Appel & Son	ADDRESS 3781 N

...ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14771

CERTIFICATE OF DEA[redacted]

E 14771

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME LaFayette F. Baker

(a) RESIDENCE No. Palmyra N. C. ..... ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND) of (or) WIFE of Patty R. Baker

7 DATE OF BIRTH (month, day, and year) May 15-1851

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	22	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 645

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Palmyra N. C.

11 NAME OF FATHER Charles F. Baker

12 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

13 MAIDEN NAME OF MOTHER Eliza Long

14 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

15 Informant Family (Address) Johns Hopkins Hospital

Filed Nov. 1926 Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 23, 1926, to Oct 8, 1926, that I last saw h... alive on Oct 8, 1926, and that death occurred, on the date stated above, at 5 20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate; Diabetes Mellitus; Myocardial Failure; Bronchopneumonia

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? N. C.

Did an operation precede death? Yes Date of Oct 1 1926

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. W. Schaefer, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Palmyra N. C.	Oct 8 1926
20 UNDERTAKER	ADDRESS
George A. Schwabenbauk	

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14772

CERTIFICATE OF DEATH.

12-001

12 E 14772

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 St. Paul ST. 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John David McCubbin Jr.

(a) RESIDENCE NO. 2724 St. Paul ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida J. Eaton

DATE OF BIRTH (month, day, and year) Feb. 7, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Special

(b) General nature of industry, business, or establishment in which employed (or employer): Representative

(c) Name of employer: B. & O. Railroad

BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

10 NAME OF FATHER: John David McCubbin

11 BIRTHPLACE OF FATHER (city or town): Balto. Co.

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Annie Hall

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

Informant: Mrs. Ida J. McCubbin

(Address): 2724 St. Paul St.

Filed 1926, 19 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 6 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to October 6, 1926, that I last saw him alive on October 6, 1926, and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sign

(Signed) Henry M. Little, M. D.

10/8, 1926 (Address) 2430 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	10/9 1926
20 UNDERTAKER	ADDRESS
Henry W. Meyer & Son	805 N. Calvert St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14773 ✓ E 14773

49

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hosp. St. 5-1 Ward)

2-FULL NAME Edward Davis.

(a) RESIDENCE NO. #32 Colvin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced (write the word): Sing.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1901

AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
25			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer: Odd

BIRTHPLACE (city or town): Balto.

(State or country)

10 NAME OF FATHER: Edward Davis.

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country)

12 MAIDEN NAME OF MOTHER: Lewis.

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country)

Informant: Her Friend

(Address)

Filed ..... 19 ..... Registrar

1926 C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1926, to Oct. 5, 1926, that I last saw him alive on Oct. 5, 1926, and that death occurred, on the date stated above, at 11 1/4 m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Contributory

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Physical Signs & Clinical

(Signed) W. Keyser, M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashburn Cemetery Date of Burial 10/8 1926

20 UNDERTAKER: Chas. H. Jenkins ADDRESS 416 E. Baltimore St.

Dec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14774

CERTIFICATE OF DEATH.

113 E 14774

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 16-1 WARD)

2-FULL NAME Philip Lasinski

(a) RESIDENCE No. 3021 Frayser St ST., ... WARD City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yr yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/25/1926

7 AGE — Years: 4 mths — Months: 3 — Days: 15 — If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) ditto

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md —

(State or country)

10 NAME OF FATHER Frank Lasinski

11 BIRTHPLACE OF FATHER (city or town) Md —

(State or country)

12 MAIDEN NAME OF MOTHER Loretta Kenny

13 BIRTHPLACE OF MOTHER (city or town) Md —

(State or country)

Informant Records —

(Address) JOHNS HOPKINS HOSPITAL

Filed ..., 19 ... (THOMPSON JONES, M. D.)

1926 Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1926, to Oct 7, 1926,

that I last saw him alive on Oct 7, 1926,

and that death occurred, on the date stated above, at 3 40 P m.

The CAUSE OF DEATH* was as follows:

Acute enteric - intestinal infection

(Primary) (Contrib. cause)

(duration) ... yrs. 3½ mos ... ds.

CONTRIBUTORY (Secondary) ——

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of ——

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture

(Signed) Thomas W. Comegys, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 10/9/26

20 UNDERTAKER Geo. J. Pulby

ADDRESS 1733 Hanford

Sec. 037 — Ec. —1-12-23—M&T—500 Bks. — St Mich - not Catholic — Return 203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14775 — 46 — E 14775

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 Scott St ... ST. 7-13 ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine Einolf

(a) RESIDENCE NO. 231 Scott St ... ST., ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis J. Einolf

6 DATE OF BIRTH (month, day, and year) Oct 17 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	35	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

10 NAME OF FATHER Charles Kannon

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Katie Linsmith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant Louis J. Einolf
(Address) 231 Scott St

Filed Oct 10 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1926, to Oct 6, 1926, that I last saw her alive on Oct 5, 1926, and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows: Coronary thrombosis

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cancer

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1925

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic

(Signed) D. Hampson Jones M. D.

Oct 7, 1926 (Address) 11 Mcean St Brentwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Oct 9 1926
20 UNDERTAKER	ADDRESS
William Cook	502 E North Ave

Cor.—1-12-23—M&T—100 Bks.

E 14776 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14776

CERTIFICATE OF DEATH.

188-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 12-6 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME Charles Edward Parr

(a) RESIDENCE NO. 18 E. Lafayette Ave ST., ... WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? 74 yrs. 3 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen E. Parr

ATE OF BIRTH (month, day, and year) June 21st. 1852

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	15 16	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk in Off
(b) General nature of industry, business, or establishment in which employed (or employer) Appeal Tax Court
(c) Name of employer Baltimore City

RTHPLACE (city or town) Baltimore
State or country) Md.

NAME OF FATHER Israil M. Parr

BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

MAIDEN NAME OF MOTHER Mary Bowen Pope

BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

nformant Mr. McKew Parr (Son)
Address) New York City.

ed 1928 C. HAMPSON JONES, M. D.
Per RRW Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull- Struck by automobile near McMechen St & Mt. Royal Ave. (Accidental)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Pallis M. D.
(Coroner.)

10/7/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Oct. 9th 1926
20 UNDERTAKER STEWART & MOWEN COMPANY	ADDRESS 108 W. NORTH AVE

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14777

CERTIFICATE OF DEATH.

188-003

E 14777

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Memorial Hospital St. Ward)

2-FULL NAME Jos Donahue

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
About	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer): X

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Unknown

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

Informant Police Dept Northwest

(Address)

Filed ..... 19 ..... 0700 Registrar

C. HAMPSON ... M. D.

Per THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Injuries sustained in Auto accident

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Hoffman M. D.

(Coroner)

Sept. 29 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Univ of Md Date of Burial Oct 1 19 1926

20 UNDERTAKER Under Health. ADDRESS

Wm E. Woodall

UNIVERSITY OF MARYLAND

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14778

CERTIFICATE OF DEATH.

E 14778

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 417 S. Highland Ave. St. 26-3 Ward)

2-FULL NAME Julia Anna O'Leverning.

(a) RESIDENCE NO. 417 S. Highland Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug 19 - 1879.

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	47	1	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper, etc

(b) General nature of industry, business, or establishment in which employed (or employer): George A. Gegner.

(c) Name of employer: Family

BIRTHPLACE (city or town): Balto.

(State or country): Md.

10 NAME OF FATHER: Bonaventure O'Leverning

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger.

12 MAIDEN NAME OF MOTHER: Anna Bashke.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

Informant (Address): Wilhelmina Sanders 417 S. Highland Ave.

Filed ..... 1926 C. HAMPSON JONES, M. D. ..... Registrar

Per Oct.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct. 6 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 4th 1926, to Oct 6th, 1926, that I last saw h[illegible] alive on Oct - 6th - 1926, and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman J Grems, M. D.

Oct 7 1926 (Address) 1900 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial Oct. 9th 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—1-10 21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14779

CERTIFICATE OF DEATH.

90

E 14779

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

CITY OF BALTIMORE: (No. [redacted] ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Schmidt

(a) RESIDENCE NO. 1807 Gough ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md
(State or country) Maryland

10 NAME OF FATHER Conrad Schmidt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Margaret —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore Md

Informant City Hospital Records
(Address)

Filed 1926 19 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 6 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to October 6, 1926, that I last saw him alive on October 6, 1926, and that death occurred, on the date stated above, at 8 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Myocardial Insufficiency
Arterial Sclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) C. Thompson Smith M. D.

Oct 7. 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem. Co.	Oct. 9th 1926
20 UNDERTAKER	ADDRESS
Lilly and Zeile	403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 14780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14780

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St.) 11 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Mullenheim

(a) RESIDENCE No. Belvedere Hotel Charles + Chase St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Divorced

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 11 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chef.

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel.

(c) Name of employer Mr Levin Belvedere Hotel

BIRTHPLACE (city or town) (State or country) France

10 NAME OF FATHER Frederick Mullenheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER — Labille

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

Informant Hospital Records

(Address)

Filed 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-5 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-29, 1926, to 10-5-, 1926,

that I last saw h alive on 10-5-, 1926,

and that death occurred, on the date stated above, at 10 40 ↑ m.

The CAUSE OF DEATH* was as follows:

(Perforated) Duodenal Ulcer

10 days (17 mos)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) General Peritonitis + Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10-1-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno. A. Thompson, M. D.

, 19 (Address) Md General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lauraul Road Cem	10/9/1926
20 UNDERTAKER	ADDRESS
J. J. Fahey & Sons	1318 Light

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14781

CERTIFICATE OF DEATH.

114 E 14781

1-PLACE OF DEATH

City of BALTIMORE: (No. 1730 Hanover St. 23-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME L. Vernon Snyder.

(a) RESIDENCE NO. 1730 Hanover St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male,

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Infant.

6a If married, widowed, or divorced WIFE of (or) HUSBAND of: Infant.

6 DATE OF BIRTH (month, day, and year): April 12, 1923.

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	3,	5,	24.	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

8 BIRTHPLACE (city or town):

(State or country) Balto. Md.

10 NAME OF FATHER: Lemuel Snyder.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER: Viola Ingley.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md.

Informant (Address): Viola Snyder, (Mother). 1730 Hanover Street.

Filed ..... 19 .....

Registrar

C. THOMPSON JONES, M. D.

1925 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 23 1926, to Oct 6, 1926

that I last saw h... alive on Oct 6, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Otis Colitis

(duration) ....yrs. ....mos. 14 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. L. Cumsbee, M. D.

Oct 7, 1926 (Address) 1444 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. Date of Burial: Oct 9, 1926.

20 UNDERTAKER: A. Howard Evans ADDRESS: 386 Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14782

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14782

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 12-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 2219 Oak Street

(a) RESIDENCE NO. Mrs Emily Bradshaw ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: not given

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 81 Months ..... Days ..... If LESS than 1 day, hrs. ..... or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): not given

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not given

14 Informant: Mrs. Emily Bradshaw (Address) 2219 Oak St City

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-7- 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-25 1926, to 10-7, 1926,

that I last saw he alive on 10-7, 1926,

and that death occurred, on the date stated above, at 7 45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Carcinomatosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of 10-7-26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Theron Hunter, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: Oct. 9, 1926

20 UNDERTAKER: E. Leroy Stiffler — ADDRESS: 125 E. North Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14783

CERTIFICATE OF DEATH.

113 E 14783

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 76-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Pruchniewski

(a) RESIDENCE NO. 203 S. Bouldin St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) June 27/25

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	3	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Balto., Md.

10 NAME OF FATHER Joseph Pruchniewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. MD

12 MAIDEN NAME OF MOTHER Bertha Smierowska

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

Informant Father

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Toxemia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Galen, M. D.

(Coroner)

19 (Address) 10-8-26 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Date of Burial Oct 9 1926

20 UNDERTAKER John M. Weber ADDRESS 1803 Bank St

pec.—1-12-23—M&T—500 Bks.

E 14784 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14784

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO.....

CITY OF BALTIMORE: (No. Lombard & Greene ST. W-1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel D. Stanley

(a) RESIDENCE No. 106 Linleigh Ave Baltimore ST., County Fullerton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Stanley

7 DATE OF BIRTH (month, day, and year) Oct. 12th 1864

8 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
61	11	23	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Millwright

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Oil Co. Balti. Md.

10 BIRTHPLACE (city or town) (State or country) Maryland

11 NAME OF FATHER Oliver Stanley

12 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

13 MAIDEN NAME OF MOTHER Elizabeth White

14 BIRTHPLACE OF MOTHER (city or town) Balti. (State or country) Maryland

Informant Mollie Stanley

(Address) Fullerton Md.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926.

17 I HEREBY CERTIFY, That I attended deceased from July 1926 to Oct 5 1926

that I last saw him alive on Oct 5 1926

and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (apoplexia)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Carcinoma Soft Bladder

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 23, 1926

Was there an autopsy?

What test confirmed diagnosis? Carcinoma at operation

(Signed) Chas Wm Edwards, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Oct 9 1926
20 UNDERTAKER	ADDRESS
Frederick Lacey & Son	Fullerton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

101-001

E 14785

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

22-1

REGISTERED NO. E 14785

City of BALTIMORE: (No. 816 S. Eutaw St. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Porter. (C)

(a) RESIDENCE NO. 816 S. Eutaw St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ;----------

6 DATE OF BIRTH (month, day, and year) April 10, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. WD

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

10 NAME OF FATHER James Porter. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Sarah Alexander.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina.

Informant Sarah Porter. (C) mother.
(Address) 816 S. Eutaw St.

Filed ..... 19 .....
Per ..... Registrar

C. MARION JONES, M. D.
10-8-1926
R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) ..... (duration) .....yrs. .....mos. .....ds.

(Signed) C. M. Reinhardt M. D.
(Coroner)

10/8 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? (C)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Oct. 9 1926

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Druid Hill

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002 E 14786

E 14786

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Barkman

(a) RESIDENCE NO. Preston & Patterson St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7 DATE OF BIRTH (month, day, and year) 5th Oct 1837

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	89	x	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore Md.

10 NAME OF FATHER Fr. Barkman

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Susan Pessiger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant Sr. Florence

(Address) Preston & Patterson

Filed 10-18-V 19 CARD OR LINES ON FILE

per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct 8

17 I HEREBY CERTIFY, That I attended deceased from Before, 19....., to ....., 19.....,

that I last saw h.. alive on Oct 3, 1926,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? .....Date of.....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. C. Warner, M. D.

Oct 8, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Western Cemetery	Oct 11 1926

20 UNDERTAKER ADDRESS

Pitts Winterfeldt 914 Fremont Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14787 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14787

CERTIFICATE OF DEATH.

88

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp ST. 22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Elizabeth Rein

(a) RESIDENCE NO. 1 Bellemar Ave ST., Md. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 10-31 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto, Md

10 NAME OF FATHER Georg Rein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Agnes Heley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Geo. Rein

(Address) 1 Belmar Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-7 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-24-1926 to 10-7-1926, that I last saw her alive on 10-7-1926, and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis Pericarditis

Acute Pericarditis - Cause unknown

Blood Culture Negative

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes no Date of 9-24-26

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

, 19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	10/11 1926
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14788

E 14788

CERTIFICATE OF DEATH.

5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 8-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Schneider

(a) RESIDENCE NO. 1685 Cliftview Ave. WARD

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 29 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk Jr

(b) General nature of industry, business, or establishment in which employed (or employer): Gas Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Joseph A. Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Margaret T. Deinlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Mrs Margaret T. Schneider

(Address) 1685 Cliftview Ave

Filed 9 1926 19 KK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/8 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1926, to Oct. 8, 1926,

that I last saw h[illegible] alive on Oct. 8, 1926

and that death occurred, on the date stated above, at 2.25 A m.

The CAUSE OF DEATH* was as follows:

Estero Autumnal Malarial Fever

(duration) yrs. 1 mos 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Clement B. Monroe, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct. 11 19 26
20 UNDERTAKER	ADDRESS
Henry Storck & Son	1501 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

E 14789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-12 74-901 E 14789

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1810 Baker ST., (WARD)

2-FULL NAME William S. Smith

(a) RESIDENCE NO. 1810 Baker St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie R. Smith

DATE OF BIRTH (month, day, and year) Sept 6-1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Catskill (State or country) N. Y

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs George R Smith

(Address) 1810 Baker St

Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1926, to Oct 6, 1926, that I last saw h... alive on Oct 7, 1926 and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. R. Duvall, M. D.

Oct 8, 1926 (Address) 1817 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hard Chapel	Oct 11 1926
20 UNDERTAKER	ADDRESS
Wm J Tichnor, Sons	N. Pa

Spec.—1-10-21—M&T—1500 Bks.

E 14790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14790

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (NO. Raymond & Holland (ST. 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth D Heinritz (Heinrity)

(a) RESIDENCE NO. 1822 N. Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced (or) WIFE of John C Heinritz

DATE OF BIRTH (month, day, and year) Aug 6 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Christian Kemmo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Lutes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant John C Heinritz

(Address) 1822 N Bentalou St

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/7 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/4 .1926. to 10/7 .1926.

that I last saw her alive on 10/7 .1926.,

and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach with metastasis to liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? ~~Yes~~ Date of 6/26/26

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Benjamin Rhull M. D.

. 19 (Address) W.O.J.H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Oct 9 1926

20 UNDERTAKER Wm J Jackson Sons

ADDRESS N. & Pitt

Spec.—1-10-21—M&T—1500 Bks.

E 14791 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14791

CERTIFICATE OF DEATH. 113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 Clifton Ave St.) 15-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Florence Nickell.

(a) RESIDENCE NO. 2830 Clifton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or Divorced, (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Dec 4 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Orr W. Nickell

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Edna Meagher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs. Edna Nickell
(Address) 2830 Clifton Ave

Filed 1926 19 Per RK Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1926 to Oct 7 1926.

that I last saw her alive on Oct 7 1926,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Ileo Colitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. S. Niblett M. D.

Oct 9 1926 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Oct. 9, 1926

20 UNDERTAKER Martin Fahey & Sons, ADDRESS 1827 W. North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14792 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14792

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 W 38 St St. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Brown

(a) RESIDENCE No. 1108 W. 38 St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Anna Brown

DATE OF BIRTH (month, day, and year) Sept 9-1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64		27 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Motorman

(b) General nature of industry, business, or establishment in which employed (or employer): 178

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Co.

10 NAME OF FATHER: Thomas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Sarah Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

Informant (Address): Mrs Anna Brown 1108 W. 38 St

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7 1916

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1916 to Oct 7 1916, that I last saw him alive on Oct. 7 1916, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation (Cordiac)

(duration) 1 mos 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of no

Was there an autopsy? none

What test confirmed diagnosis? Stethoscope

(Signed) Vernon T Kelly, M. D.

10/8, 1916 (Address) 74 Howard Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wesley Chapel

DATE OF BURIAL Oct 9 1916

20 UNDERTAKER: A S Marshall

ADDRESS 3529 Wall Rd

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14793 E 14793

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3521 Roland Ave ST., 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Frohfaw

(a) RESIDENCE No. 3521 Roland Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

6 If married, widowed, or divorced (or) WIFE of Aquilla Frohfaw

7 DATE OF BIRTH (month, day, and year) Dec 24 1843

8 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	9	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md

10 NAME OF FATHER Charles Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Lovedee Horton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md

Informant Mrs. J. E. Geary

(Address) 3521 Roland Ave

Filed 1926, 19 ..... RC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1924 to Oct 8 1926, that I last saw her alive on Oct 8, 1926, and that death occurred, on the date stated above, at 4:20 a m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) ... yrs, 2 mos ds.

CONTRIBUTORY (Secondary) Ch. Interstitial Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab

(Signed) [illegible] M. D.

10/9/26 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn C.	Oct 11 1926
20 UNDERTAKER	ADDRESS
A S Marshall	3539 Wall Rd

Spec.—1-10-21—M&T—1500 Bks.

E 14794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 14794

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 South ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Kirschner

(a) RESIDENCE NO. 320 South ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 1855 Oct 6

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	71		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Harrisburg
(State or country) Pa

10 NAME OF FATHER John A Bigger

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Margaret McBeath

13 BIRTHPLACE OF MOTHER (city or town) Scotland
(State or country)

Informant
(Address)

Filed 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8th 1926

17

I HEREBY CERTIFY, That I attended deceased from May, 19 26, to Oct 8th, 19 26,

that I last saw h.e alive on Oct 8, 19 26,

and that death occurred, on the date stated above, at 4.40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Paralysis.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Harrisburg Penn	Oct 11 1926
20 UNDERTAKER	ADDRESS
Chas. E. Bonsack	801 Madison

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14795

CERTIFICATE OF DEATH.

161-001 E 14795

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~W. Cassidy~~ 401 S Amm ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Cassidy

(a) RESIDENCE NO. 401 S Amm ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 7 1926

AGE Years Months Days If LESS than 1 day, ...hrs. or ....min.

/

OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country)

10 NAME OF FATHER Chas W. Cassidy

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Louise Christian

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

Informant Chas W. Cassidy

(Address) 401 S Amm St

Filed Oct 8 1926 19 R Mc Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1926, to Oct 8, 1926,

that I last saw her alive on Oct 6, 1926,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Premature, 1½ months

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. L. Lang M. D.

(Address) 1701 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	Oct 9 1926
20 UNDERTAKER John Merrick	ADDRESS 2008 Eden

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14796

CERTIFICATE OF DEATH.

129 E 14796

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 4113 Massachusetts Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johannah A. Farrell

(a) RESIDENCE NO. 4113 Mass. Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James J. Farrell

6 DATE OF BIRTH (month, day, and year): Dec. 8, 1855

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	9 10	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Balto.

(State or country): Md.

10 NAME OF FATHER: James Ryan

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Burke

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

Informant: Mrs Bernard Brady

(Address) 4113 Mass. Ave.

Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Oct 8, 1926, that I last saw her alive on Oct 7, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 2 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) W A Farrell, M. D.

Oct 8, 1926 (Address) 4007 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: 10/11 1926

20 UNDERTAKER: Margaret S. Flynn ADDRESS 1422 Light St.

Spec.—1-12-23—M&T—500 Blks.

95 14797 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14797

JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH. 47

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 22-1 WARD)

2-FULL NAME Rachel Cromer

(a) RESIDENCE NO. 711 Dover St. Balto ST., Ind WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	(31)			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Ind

10 NAME OF FATHER John Tilkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Blake

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) .....

Informant .....

(Address) .....

Filed JOHNS HOPKINS HOSPITAL, 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7/926

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 19 26, to Oct 7, 19 26,

that I last saw h alive on Oct 7, 19 26,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cancer Breast Left

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Sept 28

Was there an autopsy? Yes

What test confirmed diagnosis? Cancer diagnosis

(Signed) Henry A. Osborne, M. D.

, 19 (Address) J H H Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL, 19
Mt Auburn	Oct 9/926
20 UNDERTAKER	ADDRESS
Dennis Carlson	Balto.

Spec. 11-2-27 M&D 1500 Bks.

E 14798 E 14798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Shields Place ST., 17-2 WARD)

2-FULL NAME Patsy Smith—

(a) RESIDENCE NO. 922 Shields Place ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced (or) WIFE of George Smith—

6 DATE OF BIRTH (month, day, and year) — — 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Joseph Blurr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lee Smith—
(Address) 922 Shields Place

15 Filed , 19 Per Registrar

OCT 19 - 1926 H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7/926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 27th, 1926, to Oct 7, 1926, that I last saw her alive on Oct. 7th, 1926, and that death occurred, on the date stated above, at 10:20 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. 1 mos 11 ds.

CONTRIBUTORY (Secondary) Rheumatism,

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis, M. D.

(Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Oct 9/926

20 UNDERTAKER Hamil Corbin ADDRESS 916 Park Ave

Spec. 1-10-21 M&T 1500 Bks.

E 14799 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14799

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals 76-7 100-001 REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sharp

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	64?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Baltimore City Hospitals (Address) Baltimore, Md.

Filed 1926 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-6 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-10- , 1926 , to 10-6 , 1926 , that I last saw him alive on 10-6 , 1926 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) John E. Adams M. D.

10/7/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 10/9/26

20 UNDERTAKER Hans Earhart ADDRESS 916 Bond

HANSON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

E 14800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

26 E 14800

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No._____ St., 11-2 Ward)

2-FULL NAME Sarah Carpenter

(a) RESIDENCE NO. 721 W Biddle St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) North Carolina

10 NAME OF FATHER Carpenter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina

Informant City Hospital Records

(Address)

Filed....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to October 7, 1926, that I last saw her alive on October 6, 1926, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis

Chronic Myocarditis

Myocardial Insufficiency

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) G. Hooper Smith, M. D.

Oct 8, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — Date of Burial 10/9/1926

20 UNDERTAKER Wm. Geo. H. Holland — ADDRESS 1631 Druid

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14801

CERTIFICATE OF DEATH.

100-68

E 14801

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 427 Calvin St ST., 15-1 WARD)

2-FULL NAME Oliva Henderson

(a) RESIDENCE NO. 427 Calvin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	B	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	15		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Henry Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bato Md

12 MAIDEN NAME OF MOTHER Louisa Starke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balte Md

Informant Henry Henderson

(Address) 427 N Calvin st

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 7 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1926, to Oct 7, 1926.

that I last saw h[illegible] alive on Oct 7, 1926,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein, M. D.

10/8, 1926 (Address) 733 S Arsmith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel County	10/10/26 1926
20 UNDERTAKER	ADDRESS 1218
Byron & Wright	McElderry

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14802

CERTIFICATE OF DEATH.

101-001

E 14802

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST., H-1 WARD)

2-FULL NAME Frank S. Emmert

(a) RESIDENCE NO. Martinsburg, W.Va ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 29 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74		10	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Samuel Emmert

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Lech

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

Informant C R Emmert

(Address) Martinsburg West Va

Filed 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/1/26, 19, to 10/9/26, 19,

that I last saw him alive on 10/9/26, 19,

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

Chronic (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10/6/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. A. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Martinsburg West Va	Oct 9 1926
20 UNDERTAKER	ADDRESS
Henry Heintzeman & Co	Oakland Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14803

90 E 14803

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 134 Madeira St. 6-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James V. Lucas

(a) RESIDENCE NO. 134 Madeira St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Lucas

7 DATE OF BIRTH (month, day, and year) Sep 13/1896

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	0	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Bethelem Steel Co

(c) Name of employer

BIRTHPLACE (city or town) Va

(State or country)

10 NAME OF FATHER Caruthus Lucas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lehman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

Informant Carrie Lucas

(Address) 134 N. Madeira St

Filed C. PEARSON JONES, M. D. 19

Registrar

1926 Par

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

(Signed) J. H. Kalb M. D.

(Coroner)

10/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hanover County Va Date of Burial Oct. 9 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland Ave

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14804

E 14804

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Lewis-Clara) Clara Lewis

(a) RESIDENCE No. Marriattsville. ST., WARD Howard Co Md.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Lewis

ATE OF BIRTH (month, day, and year) [illegible] 1889

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) St Marys
State or country) Md.

NAME OF FATHER

BIRTHPLACE OF FATHER (city or town)
(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (city or town)
(State or country)

nformant Robert Lewis
Address) Marriattsville Md.

led ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/9 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1926, to Oct. 9, 1926, that I last saw h alive on Oct. 9, 1926, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Overwhelming peritonitis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/9/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Edwin Wm Edwards, M. D.

, 19 (Address) Belvedere Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
West Liberty Cem	Oct 11 19 26
20 UNDERTAKER	ADDRESS
Easton Lane & Bro	Easton Md

926 C. THOMPSON JONES, M. D.

Par RPH

Spec.—1-10-21—M&T—1500 Bks.

E 14805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14805

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Mondowmin ave ST., 15-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Sachs

(a) RESIDENCE No. 2228 Mondowmin ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? 34 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael

7 DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	—	—	

OCCUPATION OF DECEASED

(g) Trade, profession or particular kind of work: Housework

(h) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Abraham Sandler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Louis Sachs

(Address): 620 1 Broadway

Filed 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1926, to Oct. 8, 1926,

that I last saw her alive on Oct. 8, 1926,

and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Bastrica Carcinoma

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & laboratory

(Signed) M. Albert, M. D.

9/9. 1926 (Address) 2350 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Rd

DATE OF BURIAL: 9/10. 1926

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1117 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14806

CERTIFICATE OF DEATH.

118-002

E 14806

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Genl Hosp St., 15-5 Ward)

2-FULL NAME Emanuel Rider

(a) RESIDENCE NO. 3713 Chestnut Road St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Etta Rider

6 DATE OF BIRTH (month, day, and year) Aug. 18, 1867

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	1	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Theatrical Bus.

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER Sigmund Rider

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emily Stern

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Mrs. Etta Rider

(Address) 3713 Chestnut Road

Filed Oct 9 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infections of Intestines

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Adhesions from gall bladder operation

(duration) .....yrs. .....mos. .....ds.

(Signed) C. H. Jones M. D. (Coroner)

Oct 9, 1926 (Address) 2802 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem Oct 11 1926 Date of Burial

20 UNDERTAKER W. J. Hackney Sons ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

14807

E 14807

CERTIFICATE OF DEATH.

1-002

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ~~922 Pulaski~~ 1-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Cunningham

(a) RESIDENCE NO. 922 Rutland Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE: Marie Susie Cunningham

DATE OF BIRTH (month, day, and year): July 4 1899

AGE: Years 27 Months 3 Days 4 If LESS than 1 day, hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Waterloo S C.

10 NAME OF FATHER: Willie Cunningham

11 BIRTHPLACE OF FATHER (city or town) (State or country): S C.

12 MAIDEN NAME OF MOTHER: Mary Mitchel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S.C.

Informant (Address): John Culbert 922 Rutland Ave

Filed 1926 C. THOMPSON JONES, M. D. 19

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Oct 8, 1926, that I last saw h alive on Oct 8, 1926, and that death occurred, on the date stated above, at 5-40 A m.

The CAUSE OF DEATH* was as follows:

Case-Typhoid fever (Pos A + B types)

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Acute Neplritis

complete retention (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physicals Culture

(Signed) R. D. M. D.

10/8, 1926 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See revers. side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waterloo S. C.

DATE OF BURIAL: Oct 10, 1926

20 UNDERTAKER: J.D. T. H. Rochester

ADDRESS 1445 Jefferson St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14808

CERTIFICATE OF DEATH.

74-001

E 14808

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO._____

City of BALTIMORE: (No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob T. Smith

(a) RESIDENCE NO. 1607 N. Port St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1856

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hostler

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER John T Smith

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Penna

12 MAIDEN NAME OF MOTHER Charlotte —

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Maryland

Informant City Hospital Records

(Address)

Filed _____ 19 _____ Registrar

Per _____

1926 CLAWSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 8 1926

17

I HEREBY CERTIFY, That I attended deceased from October 5, 1926, to October 8, 1926, that I last saw him alive on October 8, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Hypertension

(duration) ? yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) R. Hoopes Smith, M. D.

Oct 9 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Ed. Cemetery Old Road	Oct 11 1926
20 UNDERTAKER	**ADDRESS**
John Burns Sons	Towson

Spec.—1-12-23—M&T—500 Bks.

26-95-5

E 14809

HEALTH DEPARTMENT—CITY OF BALTIMORE

100 E 14809

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Lewis Holthaus

(a) RESIDENCE NO. Park Heights Ave & ST. Virginia Lane - Balto.
(Usual place of abode) WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nina Johnson Holthaus

DATE OF BIRTH (month, day, and year) Apr. 18. 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51 yrs.	5	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationery

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER Henry Holthaus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Henrietta Riefle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

Informant Records -
(Address)

Filed JOHNS HOPKINS HOSPITAL, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1926, to Oct. 8, 1926, that I last saw him alive on Oct. 8, 1926, and that death occurred, on the date stated above, at 4 50 P m.

The CAUSE OF DEATH* was as follows:

Retroperitoneal Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) George G. Finney, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cems.	Oct. 11, 1926
20 UNDERTAKER	ADDRESS
John C. Mitchell	120 N. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

E 14810 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14810

CERTIFICATE OF DEATH. 92

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 6-2 WARD)

2-FULL NAME Morris Glassman

(a) RESIDENCE NO. 134 Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Glassman

DATE OF BIRTH (month, day, and year) Dec 15 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	45	9	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Fannie Glassman

(Address) 134 W Collington Ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/9 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 10 1926 to Oct 9th 1926, that I last saw him alive on Oct 9th 1926, and that death occurred, on the date stated above, at 10 27 Am.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) 0 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Sidney Sinai Hospital M. D.

10/9 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hessen Home	10/10 1926
20 UNDERTAKER Jack Lewis 1489 E Pratt St	ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 14811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14811

CERTIFICATE OF DEATH.

25-1 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4509 Frederick av ST.) (25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward P Harris

(a) RESIDENCE NO. 4509 Frederick av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice M. Harris

DATE OF BIRTH (month, day, and year): Sept 6-1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto City

10 NAME OF FATHER: James Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto city

12 MAIDEN NAME OF MOTHER: Ellen Bradford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

Informant: Mrs Alice M Harris

(Address) 4509 Frederick Rd

Filed 1926

C. THAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1926, to Oct. 6, 1926,

that I last saw him alive on Oct 6, 1926,

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Oct. 9, 1926 (Address) 904 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct 11 1926

20 FUNERAL DIRECTOR: A S Marshall — ADDRESS: 3539 Fulton

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14812

CERTIFICATE OF DEATH.

188-003 E 14812

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore Gen Hospital 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Walters

(a) RESIDENCE NO. 919 Washington Blvd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10/1863

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	9	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

BIRTHPLACE (city or town) _____

(State or country) Baltimore Md.

10 NAME OF FATHER Peter Walters

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah E Lainhart

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore Md

Informant Alverda M. O'Brien

(Address) 919 Washington Blvd

Filed _____ 19__ _____ Registrar

1925 C. HAMILTON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 192 4

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Femur (automobile accident)

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. J. Heuisler M.D.

(Coroner)

10/8, 19 26 (Address) 2802 Edmondson Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery Date of Burial Oct 11 1926

20 UNDERTAKER Harry H Arnaco Kirk Ridgewood Ave ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

E 14813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14813

CERTIFICATE OF DEATH.

107-003

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO._____

City of BALTIMORE: (No._____ St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Catherine Federer -

(a) RESIDENCE NO. 926 Madison Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John J Federer

6 DATE OF BIRTH (month, day, and year) Feb - 1866

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	60	8		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town)_____

(State or country) Balto Md

10 NAME OF FATHER Charles Sacks

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Ruppert

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

Informant John J Federer

(Address) 926 Madison Ave

Filed_____ C. HAMPSON [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926, to Oct 9, 1926, that I last saw h.. alive on Oct 9, 1926, and that death occurred, on the date stated above, at 7 A, m.

The CAUSE OF DEATH* was as follows:

Lung Abscess -

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical findings

(Signed) L. Matta, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — Date of Burial Oct 11 1926

20 UNDERTAKER Robt J Turner & Sons — ADDRESS 1492 N Broadway

E 14814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14814

CERTIFICATE OF DEATH.

181-001

1-PLACE OF DEATH City of BALTIMORE: (No. 1334 Hollins St. 14-1 Ward)

Registered No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L. Stadtmiller

(Residence in Baltimore: No. 1334 Hollins St.; yrs. 42 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6-DATE OF BIRTH: Mar 4 (Month) (Day) 1858 (Year)

7-AGE: 68 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): not employed at present

9-BIRTHPLACE, (State or Country): Germany

10-NAME OF FATHER: Leonard Stradtmiller

11-BIRTHPLACE OF FATHER, (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER, (State or Country): Germany

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas. H. Stadtmiller

(Address) 827 W. Fayette St

ed 1926 C. THAMPSON JONES, M. D. Registrar.

For 2 25

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 8 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxiation by Illuminating Gas Found dead

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Edw. T. Norton M. D. (Coroner.)

Oct 8 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Dale Cemetery. DATE OF BURIAL: Oct 11 1926

20-UNDERTAKER: Robt J Sinnott Sr. ADDRESS: W. Bway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14815

CERTIFICATE OF DEATH.

148

E 14815

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE (No. 2317 E. Lafayette Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorcetta E. Shortt

(a) RESIDENCE NO. 2317 E. Lafayette Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul E. Shortt

6 DATE OF BIRTH (month, day, and year) Aug 28 - 1898

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
7 8	1	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) Md

10 NAME OF FATHER John Gessner

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Lydia Ruder

13 BIRTHPLACE OF MOTHER (city or town) Wheeling

(State or country) W. Va

Informant Paul E. Shortt

(Address) 2317 E. Lafayette Ave

Filed Oct 11 1926 C. THAMPSON JONES, M. D. Registrar

Per C.H.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 19 26

17

I HEREBY CERTIFY, That I attended deceased from Oct 7, 19 26, to Oct 8, 19 26, that I last saw h-- alive on Oct 8, 19 26, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Post partum Eclampsia

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis & Toxemia of Pregnancy

(duration) ____ yrs. ____ mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

10/9, 19 26 (Signed) Alma L. Thomas, M. D.

(Address) 718 N Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Oct 11 1926

20 UNDERTAKER Robt J. Turner ADDRESS W. Pratt

Spec.—1-10-21—M&T—1500 Bks.

Etowski

E 14816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14816

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 ~~Light~~ Robert ST. 21st WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Etowski

(a) RESIDENCE NO. 1307 Robert ST., 21 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Etowski

7 DATE OF BIRTH (month, day, and year) 11-26-1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

Informant: Clarence Etowski

(Address): 1307 Robert St.

Filed Oct 8 1926 19 C. PAMESON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Oct. 7, 1926, that I last saw her alive on Oct. 7, 1926, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

..... (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) W. D. Arnold M. D.

Oct 8, 1926 (Address) 129 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A A Co.	10 11 1926
20 UNDERTAKER	ADDRESS
E T B Harle	115 E West St

Spec.—12 9 25—A Co.—200 Bks.

E 14817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 14817

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3800 Falls Road St., 13-3 Ward)

2-FULL NAME Cecelia A Crowther

(a) RESIDENCE NO. 3800 Falls Road St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin R Crowther

7 DATE OF BIRTH (month, day, and year): July 16/1851

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	75.	2.	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

BIRTHPLACE (city or town): Balto city

(State or country): Maryland

10 NAME OF FATHER: James Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland.

Informant: Mr. James Crowther

(Address): 3800 Falls Road.

Filed 10/9 1926 C. MADISON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 7. 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Oct 7, 1926, that I last saw h[illegible] alive on Oct 7, 1926 and that death occurred, on the date stated above, at 4:50 p. m.

The CAUSE OF DEATH* was as follows:

Cancer

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Chron. Int.

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of ....?

Was there an autopsy? No

What test confirmed diagnosis? Microscopic + Blood Examination

(Signed) Vernon J Kelly, M. D.

10/8 1926 (Address) 4 Forrest Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St Marys Cem. Hampden	10/11 1926
20 UNDERTAKER	**ADDRESS**
Horace F Burger	3631 Falls Road

Spec.—12-9-25—A Co.—200 Bks.

E 14818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 14818

1-PLACE OF DEATH

City of BALTIMORE: (No. 1368 Oak St., 13 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Riley

(a) RESIDENCE NO. 1368 Oak St. St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace D. Riley

7 DATE OF BIRTH (month, day, and year) Sept. 12-1871

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	0	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Alexander Riley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise French

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant Mrs. Grace D. Riley

(Address) 1368 Oak St.

Filed ..... 19 .....

Registrar

Fee: Ref.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8 26

17

I HEREBY CERTIFY, That I attended deceased from Oct. 5 19 26 to Oct. 8 19 26

that I last saw h... alive on Oct. 8 19 26,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Forgotten

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. J. Pilgrim M. D.

10/9 19 26 (Address) 320 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Williams Lamden	Oct 11 1926
20 UNDERTAKER	**ADDRESS**
Horace F. Burgee	423 Fallsway

Spec.—1-10-21—M&T—1500 Bks.

E 14819 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14819

CERTIFICATE OF DEATH. X 113

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST.; WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel Hunter

(a) RESIDENCE NO. 630 W. Redwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): N. Y.

10 NAME OF FATHER: Henry Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto City

12 MAIDEN NAME OF MOTHER: Ida Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Ada Knight

(Address): 630 Redwood St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RHB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/5, 1926, to 10/10, 1926.

that I last saw her alive on 10/10, 1926,

and that death occurred, on the date stated above, at 5:00 a. m.

The CAUSE OF DEATH* was as follows:

Acute ileo-colitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Oct 10 1926

20 UNDERTAKER: Harry Taylor — ADDRESS: Baltimore

ec.—1-12-23—M&T—500 Bks.

E 14820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14820

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 15-13 WARD)

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Jones

(a) RESIDENCE NO. 1713 N Bruce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	-	-	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) 0 8 6

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

NAME OF FATHER Richardson

BIRTHPLACE OF FATHER (city or town) (State or country) Va

MAIDEN NAME OF MOTHER Ondy Richardson

BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Rose Burke

(Address) 522 W Fayette

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/7 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1926, to Oct 7, 1926, that I last saw him alive on Oct 7, 1926, and that death occurred, on the date stated above, at 10 40 P m.

The CAUSE OF DEATH* was as follows:

Syphilitic Cardio vascular disease with aneurysm of aorta

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) E K Miller, M. D.

10/8, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	Oct 10 1926
20 UNDERTAKER Hand Taylor	ADDRESS 916 Bruce

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14821 90 E 14821

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1506 Ashlandan Ave. 10 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Barnett

(a) RESIDENCE NO. 1506 Ashlandan St. _____ Ward .....

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6b DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	Upw 73			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer: /

BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: Robert Smith

11 BIRTHPLACE OF FATHER (city or town): .....

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): .....

(State or country): Unknown

Informant: Solomon Barnett

(Address): 1506 Ashlandan.

Filed ..... 19 ..... C. HARRISON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

19 10/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cemetery Date of Burial: Oct 10, 1926

20 UNDERTAKER: Mrs. R.A. Elliott ADDRESS: 1725 Ashlandan

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14822 — CERTIFICATE OF DEATH. — E 14822

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., [illegible] WARD)

2-FULL NAME Amelia J. Dunton

(a) RESIDENCE NO. Castville Station, Va. ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred since Sept 30 26. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 18, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Partner in country store

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Castville, Virginia

10 NAME OF FATHER Geo F Dunton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Northampton Co Va

12 MAIDEN NAME OF MOTHER Elizebeth Kellam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Northampton Co Va

Informant Miss Lucie Dunton
(Address) Eastville Va

Filed [illegible] 19[illegible] C. EMERSON JONES, M. D.
Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1926 to Oct 9th, 1926, that I last saw him alive on Oct 9th, 1926, and that death occurred, on the date stated above, at 5.25 a. m.

The CAUSE OF DEATH* was as follows:

Acute lung edema following insufflation of food into trachea.

1 (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hysterical hiccoughing (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at hospital

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. L. Wentzel M. D.

10/11 1926 (Address) Phipps Clinic - Johns Hopkins H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Northampton Co Va	10/12 1926
20 UNDERTAKER Robert Brookeson	ADDRESS Cor Calhoun Hollins St

pec.—1-12-23—M&T—500 Blks.

E 14823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14823

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 Madison Ave ST. 142 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie A. Moore

(a) RESIDENCE No. 2029 Madison Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Jas. G. Moore

DATE OF BIRTH (month, day, and year) March 10th 1837

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	6	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Adams Co., Penna.

NAME OF FATHER Isaac Sadler

BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

MAIDEN NAME OF MOTHER Isabel Trimble

BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Carey A. Moore

(Address) 2029 Madison Ave.

Filed ..... Registrar

1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1926, to October 9th 1926, that I last saw her alive on October 9th 1926 and that death occurred, on the date stated above, at 6:48 P m

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of -

Was there an autopsy? No.

What test confirmed diagnosis? Physical diagnosis

(Signed) J. B. Mettenauer, M. D.

10/9/26 (Address) 1401 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Oct 11 1926
20 UNDERTAKER	ADDRESS
Chas. S. Black & Co.	742 W. Northern

Spec.—1-10 21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14824 E 14824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital ST. WARD)

2-FULL NAME Father Aloysius Boyle C.P.

(a) RESIDENCE No. Holy Cross College Dunkirk ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 27 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43		1	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Priest.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): New Jersey

10 NAME OF FATHER James Boyle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

Informant: Rev Father Hyacinth C.P. St Joseph Monastery

(Address)

Filed ..19.. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28th, 1926, to Oct 8, 1926, that I last saw him alive on Oct 8, 1926, and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:

Melanotic Sarcoma

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) H. Herondunter M. D.

10 8. 1926 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Newark N.J.

DATE OF BURIAL: 10/10

20 UNDERTAKER: E. A. Foley

ADDRESS: Salem & Fayette

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14825

CERTIFICATE OF DEATH.

90 E 14825

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 513 N Fulton Ave St., 19-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Stapleton Rogers

(a) RESIDENCE NO. 513 N Fulton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Eliz Rae Rogers

7 DATE OF BIRTH (month, day, and year): 11-26-54

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
71	71	10 11	11 19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman Clothier

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer: Hendlons Co

BIRTHPLACE (city or town)

(State or country): Balto Md

10 NAME OF FATHER: Jacob Sta Rogers

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Lydia Cummins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto Md

Informant: Eliz R. Rogers

(Address): same

Filed ..... 19 ..... PERSON JONES, M. D.

Registrar

1925 Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 7th 26

17

I HEREBY CERTIFY, That I attended deceased from August 1st, 19..., to Oct 7th, 19 26

that I last saw her alive on Oct 5th 19 26,

and that death occurred, on the date stated above, at 3 00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary): arteriosclerosis ?

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry W Mears, M. D.

19 26 (Address) 100 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cemetery	10/11 1926
20 UNDERTAKER	ADDRESS
Henry W Mears & Son	915 Eutaw St

Spec.—1-12-23—M&T—500 Bks.

96192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14826 CERTIFICATE OF DEATH. 113 E 14826

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 17-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James P Corrman.

(a) RESIDENCE NO. 2120 Oak St ST., Ashy WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Fife yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Sept 9 1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	1	

OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER James P Corrman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Catherine Leonard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

Informant Records -

(Address)

Filed OCT 11 1926 JOHNS HOPKINS HOSPITAL C. TRANSFORD JONES, M. D. Registrar

Per LK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1926, to Oct 9, 1926, that I last saw h[illegible] alive on Oct 9, 1926, and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis (Not dysentery) 2

(duration) yrs. mos 1 5 ds.

CONTRIBUTORY (Secondary) Pneumonia, broncho

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas B. Cornpole, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Oct 11 1926
20 UNDERTAKER	ADDRESS
Chenowith & Son	367 Chestnut

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 14827

CERTIFICATE OF DEATH.

E 14827

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3619 Chestnut Ave. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty L Johnson

(a) RESIDENCE NO. 3619 Chestnut Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

7 DATE OF BIRTH (month, day, and year): May 21 1923

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	4	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

BIRTHPLACE (city or town): Md

(State or country)

10 NAME OF FATHER: Earnst Johnson

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Carmen Brown

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

Informant: Carmen Johnson

(Address) 3619 Chestnut Ave

Filed ..... 19 .....

..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926, to Oct 9, 1926,

that I last saw her alive on Oct 9, 1926,

and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal intoxication with paralytic ileus

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno Saundrs Lund, M. D.

Oct 9 1926 (Address) 846 W 36th St Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Date of Burial Oct 12, 26

20 UNDERTAKER: Chenoweth & Son ADDRESS 3617 Chestnut Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14828

CERTIFICATE OF DEATH.

129 E 14828

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1166 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Jones

(a) RESIDENCE NO. 1149 N. Calhoun St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Leron Daily

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lizzie ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

Informant City Hospital Records
(Address)

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 8 1926

17

I HEREBY CERTIFY, That I attended deceased from October 1, 1926, to October 8, 1926, that I last saw h.. alive on October 8, 1926 and that death occurred, on the date stated above, at 12 N. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Chronic Myocarditis
Hypertension

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Harper Smith, M. D.

Octo. 19 26 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem. Date of Burial 10-11 1926

20 UNDERTAKER George I. A. Gibson ADDRESS 1933 Druid

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14829

CERTIFICATE OF DEATH.

X 24-001

E 14829

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto. General Hospital ST., WARD)

2-FULL NAME Miss Marcia Childs

(a) RESIDENCE NO. Windsor Mills Rd near Hebbville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct. 2, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Woodlawn, Md.

10 NAME OF FATHER George S. Childs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Suzanne Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Woodlawn Md.

Informant West Balto. Gen. Hospital (Address)

Filed OCT 1 1926 MARY E. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-9 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1926, to Oct 9, 1926

that I last saw her alive on 10-9 1926,

and that death occurred, on the date stated above, at 12 05 a. m.

The CAUSE OF DEATH* was as follows:

(Cerebral Apoplexy,

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? yes -

What test confirmed diagnosis? Clinical; autopsy -

(Signed) Arnold Jensen M. D.

10/9, 1926 (Address) W B General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn. Cem	Oct 11 1926
20 UNDERTAKER Jos. L. B. Cook	ADDRESS 1003 N. Paca St.

Spec.—1-10-21 M&T 1500 Bks.

14830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14830

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Sterling ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Bell

(a) RESIDENCE NO. 704 Sterling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
46				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER Wesley Trusty

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Green

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Mary Sparks
(Address) 704 Sterling st

Filed OCT 11 1926, 19 L. MAURICE JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-7-1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 1926, to Sept 28, 1926,

that I last saw her alive on Sept 25, 1926,

and that death occurred, on the date stated above, at 8 50 a. m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute angina attacks

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) J. G. Hamilton, M. D.

10/9 1926 (Address) 733 augusta st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	Oct 11 1926
20 UNDERTAKER Edward Bryan	ADDRESS 1691 orleans

Spec.—1-10-21—M&T—1500 Bks.

E 14831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 14831

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Brooks

(a) RESIDENCE NO. 813 Warner St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 23, 1926.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ---

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto (State or country) Md.

10 NAME OF FATHER Joseph Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ingilee Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Myrtle Brooks

(Address) 813 Warner St. Balto. Md.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 — 5 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-23, 1926, to 10-5, 1926, that I last saw h/m alive on Oct 3, 1926, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Ileo-colitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Ernest T. Dodge, M. D.

, 19 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Ct	Oct 11 1926
20 UNDERTAKER	**ADDRESS**
J. L. Brown & Son	1514 W. Mount

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14832

CERTIFICATE OF DEATH.

90 ~ 23-1

REGISTERED NO. E 14832

1-PLACE OF DEATH

City of BALTIMORE: (No. 1047 S. Howard St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon Hall (C)

(a) RESIDENCE NO. 1047 S. Howard St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) January 17, 1882

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	8	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 10 0

(b) General nature of indnstry, bnsiness, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Jacob Hall. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Florence Carter. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

Informant Jacob Hall. (C) father.

(Address) 730 Raesche St.

Filed ..... 19 H. MADISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congestion and Odema of the Lungs.
Acute dilatation of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Wm. Reinhardt (Coroner) M. D.

10/8 192 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

(If) was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct - Oct 11 Date of Burial 19

20 UNDERTAKER N. F. Brown & Son ADDRESS 1011 W. Lombard

Spec.—1-12-23—M&T—500 Bks.

E 14833 (1926) — HEALTH DEPARTMENT—CITY OF BALTIMORE — E 14833

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: JOHNS HOPKINS HOSPITAL — REGISTERED NO.

CITY OF BALTIMORE: (No. ..... ST., ... WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Doris Slagle

(a) RESIDENCE No. 117 College Ave ST., WARD Chestertown Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ... None
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9 BIRTHPLACE (city or town) ... Md
(State or country)

10 NAME OF FATHER William L Slagle

11 BIRTHPLACE OF FATHER (city or town) ... Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Stevens

13 BIRTHPLACE OF MOTHER (city or town) ... Md
(State or country)

Informant Records
(Address)

Filed ... 19 ... Registrar

JOHNS HOPKINS HOSPITAL
OCT 1926 C. THAMPSON JONES
Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10, 1926

17
I HEREBY CERTIFY, That I attended deceased from June 11, 1926 to Oct 10, 1926
that I last saw her alive on June 11, 1926,
and that death occurred, on the date stated above, at 10:15 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of Brain
Birth Injury

(duration) 0 yrs. 4 mos ... ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchial
(duration) ... yrs. ... mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? X ray

(Signed) Thomas O Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chestertown Md	Oct 11 1926
20 UNDERTAKER	ADDRESS
Stewart & Mowen Co	108 W. North St

Spec.—12-9-25—A Co.—200 Bks.

E 14834 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ✓ E 14834

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 819 N Kenwood St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gaetano Parturzi

(a) RESIDENCE NO. 819 N Kenwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Parturzi

6 DATE OF BIRTH (month, day, and year): Not Known

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 045

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Italy

10 NAME OF FATHER: Salvator Parturzi

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

Informant: Margaret Parturzi

(Address) 819 N. Kenwood Ave

Filed OCT 13 1926 19 C. HAMPSON JONES, M. D.

Per RR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-10 19 26

17 I HEREBY CERTIFY, That I attended deceased from 9-10- 19 26, to 10-10, 19 26, that I last saw h.. in alive on 10-10, 19 26 and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

Valvular disease of heart

myocarditis?

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute myocarditis.

(duration) yrs. mos. 30 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. D. Swarr, M. D.

Oct. 19 26 (Address) 1604 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial Oct 13 1926

20 UNDERTAKER: Hurd & Crockett ADDRESS 1716 Mad

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15-13/29

E 14835

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2424 Penna Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel W. P. Nelson

(a) Residence No. 2424 Penna ave St., ... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-Single, Married, Widowed, Divorced, (write the word.) Married

6-If married, widowed or divorced HUSBAND of (or) WIFE of Mary A. Nelson

7-DATE OF BIRTH (month, day and year) 10 Jan 1865

8-AGE. 61 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Carpenter P.R.R. 015

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country), Maryland

10-NAME OF FATHER Joseph Nelson

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Margaret McCallum

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Maryland

(Informant) Mary Nelson

(Address) 2424 Penna Ave

Filed 1 1926 193... H. AMPTON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 8 1926

17-I HEREBY CERTIFY, That I attended deceased from Sept. 11 1926 to Oct. 8 1926

that I last saw him alive on Oct. 7 1926

and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Hypertrophied Heart — Uremic Convulsions

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Metzel M. D.

Oct. 9. 1926 (Address) 1903 W. North ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Parkwood	Oct. 11, 1926
20-UNDERTAKER	ADDRESS
Josiah Lefferman	North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14836

CERTIFICATE OF DEATH.

E 14836

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2643 N. Charles ST. 17-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Bennett Willkinson

(a) RESIDENCE NO. 2643 N. Charles ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 5 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60		9	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Thomas B. Wilkinson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Fanny N. Bennett

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

Informant W. Wilkinson
(Address) 2643 N. Charles St

Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1926. to Oct. 10, 1926.

that I last saw h alive on Oct. 9, 1926.

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms.

(Signed) Frank N. Ogden, M. D.

19 (Address) 115 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Oct. 12 1926
20 UNDERTAKER	ADDRESS
Geo. L. Ruth	1235 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 14837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 14837

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5211 Ardmore ST., 27-13 WARD)

2-FULL NAME David Poggio

(a) RESIDENCE NO. 5211 Ardmore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Poggio

7 DATE OF BIRTH (month, day, and year): April 5th 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	12	6	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone

(b) General nature of Industry, business, or establishment in which employed (or employer): mason

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: John Poggio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Rose Angeli

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

Informant: Mrs Elizabeth Poggio

(Address) 5211 Ardmore Ave

Filed ..... 19 ..... C. HAMPDEN JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1926, to Oct. 9 1926, that I last saw him alive on Oct. 8 1926, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows: Aortic insufficiency

(duration) yrs. mos 39 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. C. Hess, M. D.

10-9. 1926 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Oct 11 1926

20 UNDERTAKER	ADDRESS
Geo. L. Ruth	1735 Harford Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14838

CERTIFICATE OF DEATH.

E 14838

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. 76-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Herbst

(a) RESIDENCE NO. BALTIMORE CITY HOSPITALS St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 30 mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 13

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Germany

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

Informant City Hospital Records

(Address)

Filed 1926 (CLARENCE JONES, M. D.)

Per R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 8 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1926, to October 8, 1926, that I last saw him alive on October 8, 1926, and that death occurred, on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

Residual Hemiplegia (left)

(duration) ?yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hoapen Smith, M. D.

Oct 9, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Mount Carmel Cemetery — Date of Burial Oct. 11 1926

20 UNDERTAKER George L. Ruth — ADDRESS 1735 Harford Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14839

CERTIFICATE OF DEATH.

26

E 14839 REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ____ St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora E. Hubley

(a) RESIDENCE NO. 677 Washington Boulevard Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clyde Hubley

6 DATE OF BIRTH (month, day, and year) 1885 Sept. 8th

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41		16	

8 OCCUPATION OF DECEASED

(a) ~~Trade~~, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER William Spangler

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna —

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant City Hospital Records

(Address)

Filed 11 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 8 1926

17

I HEREBY CERTIFY, That I attended deceased from September 30, 1926, to October 8, 1926, that I last saw h.. alive on October 8, 1926, and that death occurred, on the date stated above, at 2 yrs A m.

The CAUSE OF DEATH* was as follows:

General Paresis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & Laboratory

(Signed) R. Hoopes Smith, M. D.

October 9 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Cemetery 10/11, 1926

20 UNDERTAKER — ADDRESS

E. V. Tammany Son 1400 Battery ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

14840

CERTIFICATE OF DEATH.

57 E 14840

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 448 E Fort Ave ST. 2nd WARD)

2-FULL NAME Hattie M Johnson

(a) RESIDENCE NO. 448 E Fort Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm W. Johnson.

7 DATE OF BIRTH (month, day, and year): July 31 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): New York State

10 NAME OF FATHER: Nelson Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York State

12 MAIDEN NAME OF MOTHER: Coral J Macy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York City

Informant: Miss Carrie E Johnson

(Address) 448 E Fort Ave

Filed 19 Registrar

C. MARTSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9 1926

17 I HEREBY CERTIFY, That I attended deceased from March 21 1920 to Oct 9 1926, that I last saw her alive on Oct 9 1926, and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mel.

(duration) 6 yrs. 6 mos. 18 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) — yrs. mos. 27 ds.

18 Where was disease contracted if not at place of death? 448 E Fort Ave

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chem + Mic. Urinalysis

(Signed) August Horn M. D.

10-9-1926 (Address) 2808 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Oct 12 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

Spec.—1-12-23—M&T—500 Blks.

14841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14841

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1828 Madison ave. ST., 14-1 WARD)

2-FULL NAME Lottie Jones

(a) RESIDENCE NO. 1828 Madison ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	70	7		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Co. Md

10 NAME OF FATHER Benjamin Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Byde

12 MAIDEN NAME OF MOTHER Priscilla Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Samuella Ruse

(Address) 1828 Madison ave

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8 - 1926

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1926, to Oct. 8, 1926,

that I last saw h... alive on Oct. 8, 1926,

and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Wheatley, M. D.

Oct 11 1926 (Address) 1230 Saint Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Oct 11 26
20 UNDERTAKER	ADDRESS
Samuel B. Hawley	1825 Bolton

JAMESON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

95-896
E 14842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 14842

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 15-13 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Hopkins

(a) RESIDENCE NO. 1628 N - Bruce ST., City WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 6, 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
		5-7	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....—....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Md --

10 NAME OF FATHER Ben. Hopkins

11 BIRTHPLACE OF FATHER (city or town) .... Md
(State or country)

12 MAIDEN NAME OF MOTHER Minnie Green

13 BIRTHPLACE OF MOTHER (city or town) .... Md
(State or country)

Informant Records
(Address) .....

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 24, 1926, to Oct 7, 1926, that I last saw her alive on Oct 7, 1926, and that death occurred, on the date stated above, at 2 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, broncho.

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Enterocolitis

(duration) ..... yrs. 1½ mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? None.

(Signed) Howard Conrad, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Oct, 10 1926
20 UNDERTAKER Mrs S E H. Dennis for T. E. Nelson	ADDRESS 1303 Preastman St

JOHNS HOPKINS HOSPITAL
Per ..... Registrar

Spec.—1-10-21—M&T—1500 Bks.

E 14843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24001 E 14843

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Hollins ST. 70-2 WARD)

2-FULL NAME Pauline Fredericka Kammer

(a) RESIDENCE NO. 2106 Hollins ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Kammer

7 DATE OF BIRTH (month, day, and year) Jan 29th, 1869

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	11	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Wurttenburg Germany

10 NAME OF FATHER Christian Bauhof

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Kromer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Carl H. Kammer

(Address) 2106 Hollins St

Filed OCT 1 1926 19 HAM

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10th, 19 26

17 I HEREBY CERTIFY, That I attended deceased from 10/9 - , 1926. to 10/10 - , 1926.

that I last saw h alive on 10/10 , 1926

and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis & Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Carter Physician M. D.

10/10 1926 (Address) 2105 N Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 13- 1926

20 UNDERTAKER J Schumb & Son ADDRESS 1723 W Lafayette Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14844

CERTIFICATE OF DEATH.

E 14844

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sisters of the Poor St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George B. McQuirk

(a) RESIDENCE NO. Preston Parkway St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Clayton

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER James McQuirk

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary Brayden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant Sister Florence

(Address) Preston Park

Filed_____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 19____, to Oct 10 19 26,

that I last saw him alive on Oct 10 19 26,

and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Apoplectic Convulsions

(duration) ___ yrs. ___ mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. R. Wane, M. D.

Oct 12 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Oct 12 1926

20 UNDERTAKER Rita Wadefield ADDRESS 914 Gilmor St

Spec.—12-9-25—A Co.—200 Bks.

E 14845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14845

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St., 3 W Ward)

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Washington Taylor

(a) RESIDENCE NO. 127 South Caroline St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Virginia

10 NAME OF FATHER Washington Taylor

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Nancy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

Informant City Hospital Records

(Address)

Filed _____, 19 _____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 8 1926

17

I HEREBY CERTIFY, That I attended deceased from August 8, 1926, to October 8, 1926, that I last saw him alive on October 7, 1926, and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Arterial Sclerosis

Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R Hooper Smith, M. D.

October 9 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Arlington Cemetery Oct 11 1926

20 UNDERTAKER — ADDRESS

Wm R A Elliott Parkland

Spec.—12-9-25—A Co.—200 Bks.

E 14846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 14846

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 225 S Chester St., 2 Ward)

2-FULL NAME Alice R Blakeley

(a) RESIDENCE NO. 225 S Chester St. 2 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word): married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of T. C. Blakeley

6 DATE OF BIRTH (month, day, and year): July-11-1887

7 AGE: Years 39 | Months 2 | Days 29 | IF LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Balto

(State or country): md

10 NAME OF FATHER: Sam. Morgan

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto md

12 MAIDEN NAME OF MOTHER: Charlotte Miller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Penn

Informant: Mamie Critchlow

(Address) 225 S. Chester St

Filed OCT 11 1926 19

Per PK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1926

17

I HEREBY CERTIFY, That I attended deceased from July 4th, 1926, to Oct 10, 1926, that I last saw her alive on Oct 10, 1926, and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma. Rectum

Fatigue

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. Wade, M. D.

. 19 (Address) 118 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial Oct 14 1926

20 UNDERTAKER: Wm Leach ADDRESS 502 E. Monument

pec.—1-12-23—M&T—500 Bks.

E 14847 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 14847

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital ST., 49 WARD)

2-FULL NAME Geo. S Booker

(a) RESIDENCE NO. 1408 N Paul ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W.	Widowed

If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mary Skinner Booker

6 DATE OF BIRTH (month, day, and year) Nov 17. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	47	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER Henry C Booker

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary R Skinner

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Mrs Cornelia S Browning
(Address) 11 West Chase St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926, to Oct 9, 1926
that I last saw h~~e~~ alive on Oct 9, 1926
and that death occurred, on the date stated above, at 7 30 A. m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Thyroid

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home.
Did an operation precede death? No Date of —
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) E R Miller, M. D.
10/9, 1926 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Oct 11th 1926
20 UNDERTAKER	ADDRESS
W. M. Cook	501 E Lanvale

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14848

CERTIFICATE OF DEATH.

E 14848

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 635 Walbert St., Apt 4 WARD)

2-FULL NAME Lizzie Green

(a) RESIDENCE NO. 635 Walbert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 17, 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	0	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) York Co Pennsylvania

10 NAME OF FATHER John Parthree

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Co Pennsylvania

12 MAIDEN NAME OF MOTHER Emma Gamond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Co Penna

Informant Sallie Parthree
(Address) 635 Walbert Ave

Filed ..... 19 ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1926, to Oct. 9, 1926, that I last saw her alive on Oct 9, 1926, and that death occurred, on the date stated above, at 2.0 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Left breast

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Robt J Green, M. D.

10-10, 1926 (Address) 120 Aisquith st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Oct 12 1926
20 UNDERTAKER Wm Cook	ADDRESS 502 E Monte

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14849

CERTIFICATE OF DEATH.

9E 14849

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Collett St., 15-13 WARD)

2-FULL NAME David Wilbain Crowford

(a) RESIDENCE NO. 612 Collett St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5 1926 Oct. 6. 1926

7 AGE: Years — Months: 6 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Samuel Crowford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore City Md

12 MAIDEN NAME OF MOTHER: Christine Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Northampton Va

Informant (Address): Mrs. Christine Crowford 612 Collett St.

Filed OCT 11 1926 19 C. HARRISON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6th, 1926, to Oct 10th, 1926, that I last saw him alive on Oct 10th, 1926 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis (Whooping Cough)

(duration) 4 yrs. mos 14 ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm E Pell M. D.

9-11-1926 (Address) 1723 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Oct 11 1926

20 UNDERTAKER: Wm H. Brace Son — ADDRESS: 1403 Madison

Spec.—1-12-23—M&T—500 Bks.

14850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 29 E 14850

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 Carey W ST., 15 13 WARD)

2-FULL NAME Sarah Harris

(a) RESIDENCE No. 1320 Carey ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Harris

DATE OF BIRTH (month, day, and year) Unknown 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) A. A. Co Md.

NAME OF FATHER Williams Queen

BIRTHPLACE OF FATHER (city or town) (State or country) Md

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mary A. Jackson

(Address) 624 N. Bond

Filed 1926 Per C. PEARSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1926, to Oct 9, 1926, that I last saw her alive on Oct. 8, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Postive

(Signed) Dr G W Kinnard, M. D.

1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lucas Cem Md	Oct 12 1926
20 UNDERTAKER	ADDRESS
Wm H. Chase Son	1700 Mosher

Cor.—12-9-25—A Co.—200 Bks.

Trocki

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 14851

CERTIFICATE OF DEATH.

E 14851

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 253 S Regester St. 2-1 Ward)

2-FULL NAME Victoria Trocki

(a) RESIDENCE NO. 253 S Regester St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6-1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) MD.

10 NAME OF FATHER ????

11 BIRTHPLACE OF FATHER (city or town) (State or country) ????

12 MAIDEN NAME OF MOTHER Mary Trocki,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, MD.

Informant Mrs. Mary Trocki, (Mother)

(Address) 253 S. Regester Street.

Filed OCT 11 1926, 19 C. IRVINSON JONES, M. D. Registrar

Per R M

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

(Signed) G. L. Wades (Coroner) M. D.

Oct 10 1926 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery Date of Burial Oct. 12-1926.

20 UNDERTAKER M F. Sadowski ADDRESS 905 S. Ann St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14852 — 88-053 — E 14852

1-PLACE OF DEATH Knocked down by Ford Car | REGISTERED NO.

City of BALTIMORE: (No. Cross & Ward Sts. Dead on arrival (Ward) at Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin V. Lembach

(a) RESIDENCE NO. 1243 W. Cross St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

10 NAME OF FATHER Geo. Lembach

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Gertrude Brooks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant George Lembach

(Address) 1243 W. Cross St

Filed ..... 19 .....

OCT 11 1926 R. J. C. Registrar

(HARRISON JONES, M. D.)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held a Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull Left groin badly lacerated minutes after accident Died a few struck by auto

CONTRIBUTORY (Secondary) Injuries

(Duration) ..... yrs. ..... mos. ..... ds.

Witness my hand this 8th day of Oct. 1926 (Address)

Thos. B. Norton M. D. (Coroner)

Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 6 yrs., 5 mos., 3 ds. In the State 6 yrs., 5 mos., 3 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1243 W Cross St

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Oct 11 1926

20 UNDERTAKER — ADDRESS

Geo Lembach & Co 647 W Pratt

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14853

CERTIFICATE OF DEATH.

+ 113

REGISTERED E 14853

1-PLACE OF DEATH

City of BALTIMORE: (No. Umsatty Hosp. St. H-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John C Snyder

(a) RESIDENCE NO. Glen arm md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): February 1926

7 AGE: Years | Months: 5 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Md

10 NAME OF FATHER John Snyder

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Bertha Bertram

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant John C Snyder

(Address) Glen arm Md

Filed

1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Thrombocytes

Etiology Unknown

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

, 19 2 (Address) 328 Fed Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Vaughn's Chapel, Balto Co. Date of Burial: Oct. 13, 1926

20 UNDERTAKER: C. E. Arthur ADDRESS: Fork. Md.

Spec.—1-12-23—M&T—500 Blks.

18687

E 14854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14854

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert MacMahon

(a) RESIDENCE No. Walker Lodge Post Rd. ST., Hall Yonkers, N. Y. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

DATE OF BIRTH (month, day, and year) June 7-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(h) General nature of industry, business, or establishment in which employed (or employer) 566

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Prince Ed Island

10 NAME OF FATHER Edward MacMahon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eng.

12 MAIDEN NAME OF MOTHER Eleanor Setherland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eng.

Informant (Address) Records Johns Hopkins Hosp.

Filed 1926 E. C. HAMPTON JONES M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 30, 1926, to Oct 10, 1926, that I last saw him alive on Oct. 10, 1926, and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach with metastasis to liver, glands, and adjacent structures

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct. 7, 26

Was there an autopsy? yes.

What test confirmed diagnosis? Operation & autopsy

(Signed) J. DeHart M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chicago Ills	Oct 12 1926
20 UNDERTAKER John Meries	ADDRESS 208 Orleans

Spec.—12-9-25—A Co.—200 Bks.

E 14855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14855

CERTIFICATE OF DEATH.

16-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 E Henrietta St. 22-2 Ward)

2-FULL NAME Elizabeth Wood.

(a) RESIDENCE NO. 24 E Henrietta St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 20 minute ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Sing

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 10/10. 1926

7 AGE — Years: — Months: 8 hrtul. Days: — IF LESS than 1 day ..... hrs. or 20 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country)

10 NAME OF FATHER: Frank Wood.

11 BIRTHPLACE OF FATHER (city or town)
(State or country): AACo Md.

12 MAIDEN NAME OF MOTHER: Ethel Tompson

13 BIRTHPLACE OF MOTHER (city or town): Balto
(State or country)

Informant: Mrs Ethel Wood
(Address): 24 E Henrietta St

Filed ..... 19..... Registrar

1926 C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10. 10 19 26

17 I HEREBY CERTIFY, That I attended deceased from 10.10 19 26 to 10.10 19 26, that I last saw h[illegible] alive on 10/10 19 26, and that death occurred, on the date stated above, at 1.40 P m.

The CAUSE OF DEATH* was as follows:

Placenta Manifestia & Premature Birth. Lived 20 minutes

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Inertia 20 minute

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted
If not at place of death? —
Did an operation precede death? No Date of ....
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) E J Linlington, M. D.
10.16 1926 (Address) 107 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial 10 26 1926

20 UNDERTAKER: F. B. Wippert ADDRESS 1850 W. Balto St

Spec.—12-9-25—A Co.—200 Bks.

Louise Lambert

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14856

CERTIFICATE OF DEATH.

90 E 14856

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Baltimore City Hospitals 16-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Lambert.

(a) RESIDENCE NO. 3419 O'Donnell St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Lambert

6 DATE OF BIRTH (month, day, and year) April 13. 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68-	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) (?)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany.

(State or country)

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

Informant Rose Stonner

(Address) 3419 O'Donnell St.

Filed ..... 19 .....

Per R.R.H. Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 8. 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1926 to Oct. 8. 1926

that I last saw h.e alive on Oct. 8, 1926

and that death occurred, on the date stated above, at 6-45 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, Bronchitis

Exhaustion. Acute Cardiac

Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY Carcinoma

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No autopsy

What test confirmed diagnosis?

(Signed) M. D.

, 19 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Zion Cemetery, Stemmers Run	Oct 12 1926
20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E. Eager St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14857

CERTIFICATE OF DEATH.

129

E 14857

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 76-7 Ward)

2-FULL NAME Emalyn Bothwell

(a) RESIDENCE NO. _____ St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Missouri

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) ?

Informant City Hospital Records

(Address)

Filed _____ 19__ C. HARRISON JONES, M. D.

1926 Per 0709 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 8 1926

17

I HEREBY CERTIFY, That I attended deceased from August 24, 1926, to October 8, 1926, that I last saw h__. alive on October 8, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) ? yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ___ yrs. ___ mos. 3 ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) G. W. Draper Smith, M. D.

At 1019 26 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

UNIVERSITY OF MARYLAND. 19__

20 UNDERTAKER — ADDRESS

OCT 11 1926

Commissioner Health,

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14858

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

City of BALTIMORE: (No. St Elizabeths' Home Chesnut Hillspave St., 9-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Daniel Arch

(a) Residence No. St. Elizabeths' Home St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, male

4-COLOR OR RACE, negroe

5-Single, Married, Widowed, or Divorced, (Write the word.)

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) about March 1926

8-AGE, about ....yrs. 7 mos. ....ds.

If LESS than 1 day, ...hrs. or ....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country), Foundling

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), "

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), "

(Informant).....

(Address).....

UNIV

d....., 192A

Registrar.

1926 C. EMERSON JONES, M.D.

0705 ACS

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). October 10/26

17- I HEREBY CERTIFY, That I attended deceased from April, 1926, to October 8, 1926, that I last saw h.... alive on October 8, 1926, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd, M. D.

Oct 10, 1926 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. UNIVERSITY OF MARYLAND

DATE OF BURIAL. Oct 11 1926

20-UNDERTAKER, Commissioner Health,

ADDRESS

Wm. E. WOODALL

Spec.—1-10-21—M&T—1500 Bks.

E 14859 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14859

CERTIFICATE OF DEATH 46

1-PLACE OF DEATH Franklin Sq Mty. REGISTERED NO.

CITY OF BALTIMORE: (NO. ST. 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Sandell

(a) RESIDENCE NO. Franklin Sq. Maternity ST., Room #9 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) 9-26-26

7 AGE Years Months Days If LESS than 1 day, hrs. or 15 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Reuben Harold Sandell

11 BIRTHPLACE OF FATHER (city or town) Montvido (State or country) Minn.

12 MAIDEN NAME OF MOTHER Anna Esterson

13 BIRTHPLACE OF MOTHER (city or town) Minneapolis (State or country) Minn.

Informant (Address) JOHNS

Filed ..... 19 ..... Registrar

0711

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/26 1926

17

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....,

that I last saw h alive on ....., 19.....

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

3 months premature

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ruptured membranes

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of 9/26/26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edmund Quincy Mayo M. D.

9/26 1926 (Address) 1033 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL DATE OF BURIAL OCT 11 1926

20 UNDERTAKER Commissioner Health. ADDRESS

Per, Chas. E. Norris

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14860

CERTIFICATE OF DEATH.

91-002 E 14860

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 644 Portland St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine C. Becker

(a) RESIDENCE NO. 644 Portland St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Becker.

6 DATE OF BIRTH (month, day, and year): May 13, 1841

7 AGE — Years: 85 — Months: 4 — Days: 26. — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): (State or country) Germany.

10 NAME OF FATHER Schmucke

11 BIRTHPLACE OF FATHER (city or town): (State or country) Germany

12 MAIDEN NAME OF MOTHER Bambach

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Germany

14 Informant: Kate C. McKenney

(Address) 644 Portland St

Filed ..... 19..... C. THAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1926, to Oct 9 1926, that I last saw h.. alive on Oct 9 1926, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

General debility due to old age — (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Malnutrition

Arterio sclerosis (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Hofheimer M. D.

10/10/26 (Address) 682 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. — Date of Burial: Oct 12, 26

20 UNDERTAKER: Mr & Mrs. John W. Tuffel & Son — ADDRESS: 801 W. Fayette St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14861 — 90 — E 14861

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 E Fort Ave ST. 24-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Scheiner Jr.

(a) RESIDENCE. NO. 828 E Fort Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 15-1882

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 046

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Joseph Scheiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Blazek. 10/11. 1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

Informant Joseph Scheiner

(Address) 828 E Fort Ave

Filed 1926 19 C. HAMPSON JONES, M. D. Registrar.

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926, to Oct 9, 1926

that I last saw h... alive on Oct 9, 1926

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart.

(duration) ? yrs. / mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Streett M. D.

(Address) 448 E Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	11/1/ 192[illegible]
20 UNDERTAKER	ADDRESS
E. V. Fenning & Son	1760 Battery Ave

Spec.—1-10-21—M&T—1500 Blks.

E 14862

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14862

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 868 W. Baltimore ST. 18-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Maddin Madin

(a) RESIDENCE NO. 868 W. Baltimore ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 2. 1923

7 AGE 3 Years 2 Months 8 Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Henry Madin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Liethvania

12 MAIDEN NAME OF MOTHER: Ursula Erigute

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Liethvania

Informant: H. Madin

(Address): 868 W Baltimore Street

Filed Oct 14 1926 19 C. MARION JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1926, to Oct 11, 1926.

that I last saw her alive on Oct 10, 1926

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Diphtheria

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological Test

(Signed) J M Dillett M. D.

(Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 12. 1926

20 UNDERTAKER: John Grebliauckas — ADDRESS: 423 S Paca St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14863

CERTIFICATE OF DEATH.

90 E 14863

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2028 E. Fairmont St. 6-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harris Jaffe

(a) RESIDENCE NO. 2028 E. Fairmont St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 42 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Jaffe

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	64 bs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

10 NAME OF FATHER Hallain Jaffe

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

Informant Eva Jaffe

(Address) 2028 E. Fairmont ave

Filed Oct. 19 26 C. WAMPLER JONES, M. D.

1926 Registrar

Par 1 P.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct 10 — 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 7, 19 23, to Oct. 10, 19 26, that I last saw h.. alive on Oct. 10, 19 26, and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) ___ yrs. 4 mos. ___ ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 3 yrs. 9 mos. ___ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Zemberg, M. D.

10/11, 19 26 (Address) 2210 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hebrew Friendship Date of Burial 10-12 1926

20 UNDERTAKER Jack Levin ADDRESS 1439 E. Balto.

Spec.—1-12-23—M&T—500 Blks.

E 14864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U. S. Marine Hospital # 1

CITY OF BALTIMORE: (No. Baltimore, Md ST. 12-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Driesbach

(a) RESIDENCE NO. 242 Chestnut St. Phila, Pa ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 40 ds. How long in U. S., if of foreign birth? yrs. — mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov. 3, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	50	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S/S Donaldson

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Amandus Driesbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant — Self.

(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926, to Oct 10, 1926, that I last saw h— alive on Oct 10, 1926, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease, Chronic

(duration) — yrs. 10 mos — ds.

CONTRIBUTORY (Secondary) Nephritis, Chronic

(duration) — yrs. 10 mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Physical findings & Laboratory tests.

(Signed) W W Bunton — Lt. Surgeon U.S.P.H.S., M. D.

10-10 1926 (Address) U.S. Marine Hospital # 1 Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa.

DATE OF BURIAL Oct 11 1926

20 UNDERTAKER E Le Roy Steffle

ADDRESS 235 Wall ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14865

CERTIFICATE OF DEATH.

10 1 E 14865

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Druid Hill Park near Cedar Ave. Entrance ST. 13-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth G. McMenamin

(a) RESIDENCE NO. Druid Hill Park near Cedar Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 1 mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of D. Francis McMenamin

6 DATE OF BIRTH (month, day, and year) Sept 11, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Caleb Hoshall

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Maria Creaney

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant D. Francis McMenamin
(Address) Druid Hill Park nr. Cedar Av.

Filed 1926 C. HAMPSON JONES, M. D.
Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-11 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1926, to Oct 11, 1926.

that I last saw h[illegible] alive on Oct 11, 1926

and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Vasomotor Failure

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.M. & Symptoms

(Signed) Thomas J. McCabe M. D.

, 19 (Address) 415 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem. Wash. D.C.	10/13/26

20 UNDERTAKER	ADDRESS
Henry W. Myers & Son	500 N. Calvert St

Spec.—1-12-23—M&T—500 Blks.

E 14866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 14866

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 543 Oxford ST., 17-2 WARD)

2-FULL NAME EE Longhold

(a) RESIDENCE NO. 543 Oxford ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Foadhold

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ...40

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Mills N C

10 NAME OF FATHER Mills Foadhold

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Hester

13 BIRTHPLACE OF MOTHER (city or town) N C
(State or country)

Informant Daisy Foadhold
(Address)

Filed 1926 C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/9/1926

17 I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1926 to Oct. 9, 1926 that I last saw him alive on Oct. 8, 1926 and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

I Toxemia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Aortic Steno-sis

(duration) ... yrs. 12 mos. 4 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) John H. Hopkins, M. D.

10/9, 1926 (Address) 1019 Mint Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Oct 12 1926
20 UNDERTAKER Daniel Easton	ADDRESS 516 Caroline

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14867

CERTIFICATE OF DEATH.

31 E 14867

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 210 Wyman Ave. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred B. Ross.

(a) RESIDENCE NO. 210 Wyman Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 23, 1895.

7 AGE — Years: 31, Months: 7, Days: 17. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Talbot Co. Md.

10 NAME OF FATHER Joseph H. Ross.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Talbot Co. Md.

12 MAIDEN NAME OF MOTHER Annie Jones.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Wales.

14 Informant: Annie Ross. (Mother).

(Address) 210 Wyman Ave.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per R.R.T.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11th 1926 9 P.M. 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Oct 10, 1926, that I last saw h alive on Sept 15, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Tuberculosis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) T.B. Corner D. Morrison

(duration) 4 yrs. 0 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R. Tolmund, M. D.

10.11.1926 (Address) 3545 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn, Com. Date of Burial: Sept 13, 1926

20 UNDERTAKER: A. Howard Evans. ADDRESS: 38 E. Fort Ave

Spec.—1-12-23—M&T—500 Blks.

14868

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14868

CERTIFICATE OF DEATH.

90

28-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Packard Avenue ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Virginia Jackson

(a) RESIDENCE NO. 4104 Packard Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Jackson

DATE OF BIRTH (month, day, and year) Feb. 11th 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	9		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

16 NAME OF FATHER Jesse Smith

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.,

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Hutson

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co.

(State or country) Maryland

Informant Samuel H. Jackson

(Address) 4104 Packard Ave.

Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October, 11th 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 15th 1924, to Oct. 11th 19 26.

that I last saw h[illegible] alive on Oct 11th 19 26.

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

Myocarditis -

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) M. P. Byerly, M. D.

10/11 19 26 (Address) 3048 W. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery

DATE OF BURIAL Oct 13 1926

20 UNDERTAKER Joseph D. Cook

ADDRESS 1003 W. Balto St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14869

E 14869

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1373 Hoyt Avenue WARD 15)

2-FULL NAME Joseph C. Riley

(a) RESIDENCE NO. 1373 Hoyt Avenue STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine H. Riley

6 DATE OF BIRTH (month, day, and year) — — 1873

7 AGE Years 53 Months — Days — If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Light Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) City of Balto

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Michl. Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Catherine H. Riley

(Address) 1373 Hoyt Avenue

Filed 1926 C. 19 HAMPSON JONES, M. D. Registrar

For BKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1. 1926 to Oct. 1926.

that I last saw him alive on 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) Wm. C. Bloede, M. D.

10-11-1926 (Address) 1014 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westfield Cem

DATE OF BURIAL 10/12 1926

20 UNDERTAKER J. Sahay Sons

ADDRESS 801 E. Fayette St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Bessie Jones Lee

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14870

CERTIFICATE OF DEATH.

21 E 14870

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 9418 Stamp Prov't St. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Estelle Lewis Lee

(a) RESIDENCE. No. 9418 Stamp Prov't ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Lee

6 DATE OF BIRTH (month, day, and year): July 30 1891

7 AGE — Years: 35 — Months: 3 — Days: 9 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: David Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Ida Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Joseph Lee
(Address): 1018 Warner St.

15 Filed OCT 2 1926 19 — HARRISON JONES, M. D. Registrar
By ..... Dep.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1926, to Oct 9, 1926, that I last saw her alive on Oct 9, 1926 and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) Aug 17 1926 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia (duration) Aug 17 1926 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Symptoms

(Signed) Marie A. Jones M. D.

Oct 12 1926 (Address) 714 S Stamp Prov't

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	10/12 1926
20 UNDERTAKER	ADDRESS
John H. Toadvine	1027 Druid Hill Ave

Spec.—1-12-23—M&T—500 Bks.

Da Nord - 1418 N Exeter St

E 14871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 E 14871

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 N. Gay ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H Asher

(a) RESIDENCE NO. 434 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Asher

DATE OF BIRTH (month, day, and year) Oct 10, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bath Bargain House

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Robert Asher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Nettie Sellers

(Address) 2710 Lorette Ave

Filed ....., 19 C. HARRISON JONES, M. D. Registrar

By: RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 30, 1925, to Oct 10, 1926, that I last saw him alive on Sept 23, 1926 and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Tonsil & Tongue

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Biopsy.

(Signed) Grant Edward M. D.

, 19 (Address) 141 E Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
London Park	Oct 13 1926
20 UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14872

CERTIFICATE OF DEATH.

118-002

E 14872
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary Ward 12-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Olivia Mankin

(a) RESIDENCE NO. Walbert apts St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 22 1847

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....mns.
	79	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bucks Co

(State or country) Pa

10 NAME OF FATHER Henry Mankin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Foard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Hospital Record
(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 10, 1926 19

17

I HEREBY CERTIFY, That I attended deceased from October 4 1926, to October 10, 1926;
that I last saw h[illegible] alive on October 10, 1926;
and that death occurred, on the date stated above, at 3 45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Abstruction with adhesions in Peritoneal cavity.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted
If not at place of death! at home

Did an operation precede death! No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Vernon N. Norwood, M. D.

Oct 11. 19 26 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Green Mount	Oct 12 1926

20 UNDERTAKER Henry E Watkins Sons & Outland

ADDRESS Mitchell

Spec.—1-12-23—M&T—500 Bks.

E 14873

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14873

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1808 Guilford Ave ST. 12-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily E. Geegan

(a) RESIDENCE NO. 1808 Guilford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Geegan

DATE OF BIRTH (month, day, and year) Mar. 16th 1838

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	6	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Co Md

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Mary Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

Informant Edith E. Geegan

(Address) 1808 Guilford Ave. Wash. D.C.

OCT 12 1926 Filed ..., 19... H. A. JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1926, to Oct 9, 1926, that I last saw h[illegible] alive on Oct 9, 1926, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Acute Alcoholic Intoxication

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. M. Duvall, M. D.

Oct 10, 1926 (Address) 1817 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 12 1926
20 UNDERTAKER	ADDRESS
Penny & Enders	Mt Clifford & Orchard Sts

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14874

CERTIFICATE OF DEATH.

90 E 14874

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 Asquith ST., 9-2 WARD)

2-FULL NAME Minnie A. Albaugh

(a) RESIDENCE NO. 1342 Asquith ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced (or) WIFE of Harry C Albaugh

6 DATE OF BIRTH (month, day, and year) June 28-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	63	3	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto City
(State or country)

10 NAME OF FATHER Wm. Brad

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Browning

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant M. Harry Calbaugh.
(Address) .....

Filed 6 1 2 1926 192 ... C. HAMPSON JONES, M. D.
Per ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Reported to be valvular)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. Power, M. D.
(Coroner.)

10/12/26 192 (Address) 508 E. north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., 4 mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 12 1926
20 UNDERTAKER	ADDRESS
H S Marshall 3539	Balto

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14875

CERTIFICATE OF DEATH.

3 | E 14875

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 N. Regester ST. 6-1 WARD)

2-FULL NAME Joseph Musgrave

(a) RESIDENCE NO. 428 N. Regester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nina Musgrave

6 DATE OF BIRTH (month, day, and year) Feb 6, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35-36	36	8	5-4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain

(b) General nature of industry, business, or establishment in which employed (or employer) on freighter

(c) Name of employer Atlantic Transportation Co.

BIRTHPLACE (city or town) (State or country) Goldsboro N.C.

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

Informant Nina Musgrave

(Address) 428 N Regester St.

Filed ..., 19.. Ps. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1926, to Oct 5, 1926, that I last saw h[illegible] alive on Oct. 5, 1926, and that death occurred, on the ~~date stated above~~ Oct. 10, 1926, at 6:25 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) M N Fullerman, M. D.

, 19 (Address) 3110 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL Oct 13 1926

20 UNDERTAKER Edward Brown — ADDRESS 1094 Orleans St

OCT 12 1926 C. PARSONS, M.D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14876

CERTIFICATE OF DEATH.

31 E 14876

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 215 N. Castle St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Silder

(a) RESIDENCE NO. 215 N. Castle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie K Silder

6 DATE OF BIRTH (month, day, and year): June 6/1853

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
53	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: Andrew Silder

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Anneta Galoway

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Mrs. Rose Schmitt

(Address): 215 N. Castle

Filed ..... 19 .....

12 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 11 1926

17 I HEREBY CERTIFY, That I attended deceased from October, 1923, to Oct-11, 1926, that I last saw him alive on Oct-10, 1926, and that death occurred, on the date stated above, at 2 00 p.m.

The CAUSE OF DEATH* was as follows:

Fibrosarcoma L. F.

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Cachexia, Cardiac failure

(duration) ___ yrs. ___ mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) C. C. Reasons, M. D.

19 (Address) 94 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Oct 13 1926

20 UNDERTAKER: Jas. J. Allen ADDRESS 156 N. Luzerne

Spec.—1-10-21—M&T—1500 Bks.

E 14877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14877

135

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hospital

CITY OF BALTIMORE: (No. Bayard and Dukeland ST. 14-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Means

(a) RESIDENCE NO. 706 Mosher ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Means

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years 53 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) New London (State or country) Conn.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

Informant Louise Means

(Address) 706 Mosher St

Filed OCT 12 1926 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/2/26, 19, to 10/10, 1926.

that I last saw him alive on 10/10/26, 19;

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Prostatic abscess

Hydronephrosis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Acute uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 10/2/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Benjamin Miller M. D.

, 19 (Address) W. B. G. H

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Oct 12 1926

20 UNDERTAKER Bruce E. Hinsley

ADDRESS McCaddon

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 14878

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2235 Druid Hill St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Meyers

(a) Residence No. 2235 Druid Hill St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: C

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Meyers

6-DATE OF BIRTH (month, day and year): May 15-1844

7-AGE, 82 yrs. 4 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer): Ret'd 086

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Baltimore Co

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): ditto

12-MAIDEN NAME OF MOTHER: Sarah Meyers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Co

(Informant) Sarah Damon Mc Kimble

(Address) 2235 Druid Hill

Filed ..... 19.. C. CARPENTER JONES, M. D. Registrar.

DEC 12 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 9, 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 19 26 to Oct 9 19 26

that I last saw h alive on Oct 9 19 26

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronic

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Aort. Arterio Sclerosis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) Wm H Wright M. D.

(Address) 1204 Fremont Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury** and (2) whether **Accidental, Suicidal, or Homicidal**. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Dec 12 19..

20-UNDERTAKER: Samuel Stansbury

ADDRESS 5[illegible] Biddle

Charles Henry.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 14879

14879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Carlton St. 18 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Henry

(a) RESIDENCE. NO. 114 N. Carlton ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Henry

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook-Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N.C.

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

Informant Samuel Walker

(Address) 114 N. Carlton St

Filed OCT 2 1926 WILLIAM H. JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/1/26

17 I HEREBY CERTIFY, That I attended deceased from 10/1 1926, to 10/1 1926, that I last saw h[illegible] alive on 10/1 1926, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Tubral Regurgitation about

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Parenchyma tous Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Medical

(Signed) [illegible] M. D.

10/1/26 (Address) 908 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cmtry	10/2/26
20 UNDERTAKER	ADDRESS 406
Mrs Geo H Hooper	

Cor.—12-9-25—A Co.—200 Bks.

Gilbert Epps

HEALTH DEPARTMENT—CITY OF BALTIMORE

14880

CERTIFICATE OF DEATH.

1926 E 14880

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland General Hospt. 11-1 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Epps

(a) RESIDENCE NO 1309 Madison ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

10 NAME OF FATHER George Epps

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Leah Gurley

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant George Epps
(Address) 1309 Madison ave

15 Filed DEC 12 1926 C. HAMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute peritonitis due to incised wounds of abdomen, involving stomach & transfixion of liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Homicide

(duration) yrs. mos. ds.

(Signed) C. J. Pearson M. D.
(Coroner)

10/11/26 (Address) 702 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va. Date of Burial Oct 12 1926

20 UNDERTAKER Mrs. P. A. Elliott ADDRESS 1225 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

Staple

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14831

CERTIFICATE OF DEATH.

179 E 14881

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 7-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lee Andrew Staple

(a) RESIDENCE NO. 1638 E. Monument St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced: (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lula Mann

6 DATE OF BIRTH (month, day, and year): Sept 30 1892

7 AGE: Years 34 Months Days 11 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore Copper Mill

(c) Name of employer

9 BIRTHPLACE (city or town): Green Mill Va

(State or country)

10 NAME OF FATHER: Nelson Staple

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Walker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

PARENTS

14 Informant: Walter Staple

(Address): 1638 E. Monument st.

15 Filed.....(19) .....

Per.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 11 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns accidentally received by falling in tub of scald Bath Copper Mill

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Complications

(duration) ..... yrs. ..... mos. ..... ds.

Oct 12 (Signed) A. T. Kelly, M. D.

(Coroner)

, 1926 (Address) 1659 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. Ten days ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roanoke Va. Date of Burial: Oct. 12 1926

20 UNDERTAKER: Mrs R. A. Elliott ADDRESS 1725 Ashland av

Cor.—12-9-25—A Co.—200 Bks.

E 14882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 90 E 14882

REGISTERED NO._____

1-PLACE OF DEATH Stmr. City of Richmond.

City of BALTIMORE: (No. en route from Richmond. Va. 92-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Victoria Brooks.(C)

(a) RESIDENCE NO. Roanes P.O. Glaucester Co. Va. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colofed	Married.

5a If married, XXXXXXXXXXXX (or) WIFE of Charles E. Brooks.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Brooks Whiting.(cousin)

(Address Roanes P.O. Glaucester Co. Va.

15 Filed 10/12/1926 G. WILLIAMSON JONES M.D. Registrar

per R.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 10, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart. (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Pemberton M.D. (Coroner)

10/12 1926 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glaucester Point Va. Date of Burial 10/12/1926

20 UNDERTAKER Mrs. George R. Holland ADDRESS 1631 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14883 — 188-003

E 14883
REGISTERED NO.

1-PLACE OF DEATH
City of BALTIMORE: (No. Colonial Hospital St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes D. Waters.

(a) RESIDENCE NO. 1323 N Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married.

5a If married, widowed, or divorced (or) WIFE of W. H. Waters

6 DATE OF BIRTH (month, day, and year) June 3, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) [redacted]
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) St mary Co md

PARENTS

10 NAME OF FATHER Sanford Burnell
11 BIRTHPLACE OF FATHER (city or town)
(State or country) md.
12 MAIDEN NAME OF MOTHER Mary E Lawrence
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) md.

14 Informant Wm. Waters
(Address) 1323 N. Gilmore St

15 Filed 19 C. H. A. Registrar
For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Auto Accident
Fracture of Skull
(duration) yrs. mos. 1½ ds. Few
CONTRIBUTORY (Secondary) Shock
(duration) yrs. mos. ½ ds.
(Signed) G. H. Blades M. D.
(Coroner)
Oct 10 19 26 (Address) 1437 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cemetery	Oct 12 19 26
20 UNDERTAKER Thomas E. Nelson	ADDRESS 1363 Pennsylvania Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14884

CERTIFICATE OF DEATH.

129 E 14884

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1005 N. Carrollton ave St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pannie Kelson.

(a) RESIDENCE NO. 1005 N. Carrollton ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 12. 1896.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer) ~~0~~ No

(c) Name of employer ~

9 BIRTHPLACE (city or town) _____

(State or country) Balto md.

PARENTS

10 NAME OF FATHER Major P. Kelson

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Calvert co md

12 MAIDEN NAME OF MOTHER Gertrude Neal

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) md

14 Informant Thomas P. Kelson

(Address) 1005 N. Carrollton ave

15 Filed Oct 13 1926

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from 6/15 1926, to 10/10 1926, that I last saw h.r. alive on 10/10 1926, and that death occurred, on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows: -

Acute Insufficiency of Nephritis & Arteriosclerosis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Ben R Curtis, M. D.

Oct 14, 1926 (Address) 2129 Dr Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. Date of Burial Oct 13 1926

20 UNDERTAKER Mrs Jas. F. Dennis ADDRESS 1303 Eastern Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14885 E 14885

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 12-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Bosley

(a) RESIDENCE NO. 241 Barclay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~60~~	59	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Freight Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joshua N. Bosley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah A. Brummet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant brother- W. W. Bosley (Address) Owings Mills Md

15 Filed [illegible] 1926 19 Per [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-12 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-8, 1926, to 10-12, 1926,

that I last saw him alive on 10-11, 1926,

and that death occurred, on the date stated above, at 2.55 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma tongue and soft parts of mouth

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-10-26

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) [signature], M. D.

(Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hampstead. Md.	Oct 14 1926
20 UNDERTAKER Wm J Ecker & Son	ADDRESS N. Y Pa

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14886

CERTIFICATE OF DEATH.

38 E 14886

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md ST. 6-1 WARD)

2-FULL NAME Florence May Brown

(a) RESIDENCE NO. 423 N.Bond Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E.Brown

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Delaware

10 NAME OF FATHER William Trusty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Ambrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Baltimore City Hospitals

(Address) Baltimore, Md.

Filed 12 1926 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10--11- 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-30- 1925 to 10--11-- 1926

that I last saw h on alive on 10--10-- 1926

and that death occurred, on the date stated above, at 5.45 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Serologi-cal Findings.

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wilmington Del	Oct 14 1926
20 UNDERTAKER	ADDRESS
[illegible]	1515 W Fay

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14887 E 14887

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Johns Hopkins Hospital.

CITY OF BALTIMORE: (No. ..... ST., 25 ..... WARD) 1

2-FULL NAME Baby Petryke

(a) RESIDENCE NO. 19 Cedar ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 9 - 26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			Two	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Theodore Petryke

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Petie Gorduski

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant J. K. Hoerner M.D.
(Address) Johns Hopkins Hospital.

15 Filed ..... 19 ..... Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1926, to Oct. 9, 1926, that I last saw him alive on Oct. 9, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Maternal toxaemia (nephritic) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. K. Hoerner, M. D.

19 (Address) Johns Hopkins Hospital. 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	Oct 13 1926

20 UNDERTAKER Frank Ecclestone ADDRESS 1900 Bolton

21 1926

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14888

E 14888 REGISTERED NO.

City of BALTIMORE: (No. 2404 McElderry St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Pelcher

(a) RESIDENCE NO 2404 McElderry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Pelcher

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 51; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):
(State or country) Bohemia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Unknown

14 Informant: Anna Pelcher
(Address) 2404 McElderry St

15 Filed 10 12 1926 C. HARRISON JONES, M. D. Registrar
By FH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10—11—26

17 I HEREBY CERTIFY, That I attended deceased from 9—1, 1926, to 10—14, 1926, that I last saw h[illegible] alive on 10—14, 1926, and that death occurred, on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH was as follows:

Ventral Hernia Strangulated
Operation
Acute Cardiac Dilatation

(Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Ross Kemp M. D.

19 26 (Address) 600 N. Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial 10/13 1926

20 UNDERTAKER: Frank Crockson ADDRESS 1906 Aisquith

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14889

CERTIFICATE OF DEATH.

E 14889

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 25-2 WARD)

2-FULL NAME Mrs. Alice Denning

(a) RESIDENCE NO. 211 East W. Warren Pl. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C. A. Denning

6 DATE OF BIRTH (month, day, and year) Jan 12, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	8	29	

8 OCCUPATION OF DECEASED At Home

(a) Trade, profession or particular kind of work Rev. Chas. A. Denning

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) ..... (State or country) Pa.

PARENTS

10 NAME OF FATHER George M Oberly.

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Penna

12 MAIDEN NAME OF MOTHER Elizabeth Vogel

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Penna.

14 Informant C. A. Denning
(Address) Warren, Pa.

15 Filed ..... 19 ..... Registrar RKC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 29th, 1926, to Oct 11th, 1926, that I last saw h[illegible] alive on Oct. 11th, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) ..... yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) Peritonitis & dilatation of stomach & duodenum

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Operation

(Signed) [illegible] M. D.

1911, 19[illegible] (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Pennsylvania — DATE OF BURIAL Oct 13 1926

20 UNDERTAKER Mc Coy — ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14890

CERTIFICATE OF DEATH.

90 E 14890

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1252 N. Broadway St. 8-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles W. Woodward

(a) RESIDENCE NO. 1252 N. Broadway St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Belle Woodward

6 DATE OF BIRTH (month, day, and year) Sept 7/1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. News Co.

(c) Name of employer

9 BIRTHPLACE (city or town)_____ (State or country) England

PARENTS

10 NAME OF FATHER George Woodward

11 BIRTHPLACE OF FATHER (city or town)_____ (State or country) England

12 MAIDEN NAME OF MOTHER Catherine Holkins

13 BIRTHPLACE OF MOTHER (city or town)_____ (State or country) England

14 Informant Frank Harbaugh (Address) 1252 N Broadway

15 Filed.....19..... Per..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Haller, M. D. (Coroner)

(Address) 508 E. North Ave

10/12-26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — Date of Burial: Oct 13 1926

20 UNDERTAKER: William Cook — ADDRESS: 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

E 14891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001

E 14891

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. 9-3 Ward)

2-FULL NAME Raymond C. Bentzler

(a) RESIDENCE NO. 901 Fells St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec 25-1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington

(State or country) D. C.

PARENTS

10 NAME OF FATHER John Bentzler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Washington D C

12 MAIDEN NAME OF MOTHER Annie Clements

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Washington D C

14 Informant Mrs. Annie Bentzler

(Address) Washington D C

15 Filed ..... 19..... Registrar

CITY 2 1925

CHARLES SON JONES, M. D.

RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) ..... yrs. ..... mos. 1 ds.

Oct 1st 25 (Signed) C C Yates M. D.

(Coroner)

(Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. 1 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Washington D C	Oct 9, 1925

20 UNDERTAKER	ADDRESS
Wm J Linthicum	N. Pa Ave

Spec.—1-10-21—M&T—1500 Bks.

E14892 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14892

54

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) Psychopathic (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Howe

(a) RESIDENCE NO. 143½ N. Chester ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mar.

6 DATE OF BIRTH (month, day, and year) Nov 24 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	55	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) City Water dept

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Baltimore City Hospitals
(Address)

Filed OCT 12 1926 19 THOMPSON JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9. 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 4 19 26. to Oct 9, 19 26.

that I last saw him alive on Oct 9, 19 26.

and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

Myocardial Degeneration (duration) yr. mos d.

CONTRIBUTORY (Secondary) Arteriosclerosis

Pellagra (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~~Unknown~~ Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) Harry E. Gorman M. D.

10/10/26 (Address) Baltimore City Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL TRINITY CEMETERY — DATE OF BURIAL Oct. 13 1926

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14893
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

31 E 14893
REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Unger

(a) RESIDENCE NO. 824 N. Payson ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 3-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	49	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Unger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hosp. Records
(Address) Bklyn. City Hospitals

Filed 3 1926, 19 HARRISON JONES, M. D.
Per KK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1926, to October 9, 1926,
that I last saw h. in alive on October 9, 1926,
and that death occurred, on the date stated above, at 11.55 P m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

Unknown (duration) unknown yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) None (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of —
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical Findings & Autopsy
(Signed) W. E. Gallans M. D.
10-10 1926 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	10/13/26
20 UNDERTAKER	ADDRESS
Engel & Farley	Fulton & Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14894

CERTIFICATE OF DEATH.

E 14894

161-001

Registered No.....

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Elder

(a) Residence No. 10 S. Paca St., Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 10-11-26

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 11 hrs. or 40 min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md.

10-NAME OF FATHER, George Elder

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Anna Macrone

13-BIRTHPLACE OF MOTHER (city or town) Pennsylvania (State or Country),

(Informant) Hospital Record

(Address) .....

Filed OCT 13 1926 HARRY JONES, M. D. Registrar.

Per LK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10-11-26

17- I HEREBY CERTIFY, That I attended deceased from 10-7-11, 1926 to 10-11, 1926

that I last saw he[r] alive on 10-11, 1926,

and that death occurred, on the date stated above, at 11:15 a.m.

The CAUSE OF DEATH* was as follows:

Premature Labor due to

Placenta Praevia

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary edema 6 hrs

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Wm. F. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park

DATE OF BURIAL, 10-13, 1926

20-UNDERTAKER, E. T. B. Harle

ADDRESS 115 E. West St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14895 E 14895

CERTIFICATE OF DEATH.

179

REGISTERED NO. 23-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 Winter St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Blake

(a) RESIDENCE NO. 121 Winter ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Emma Blake

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer C40

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Yard

(c) Name of employer John Geis

BIRTHPLACE (city or town) Essex Co

(State or country) Virginia

10 NAME OF FATHER Lucas Blake

11 BIRTHPLACE OF FATHER (city or town) Essex Co

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucy Richards

13 BIRTHPLACE OF MOTHER (city or town) Essex Co

(State or country) Virginia

Informant Katie Blake

(Address) 1306 Linton St

FILED 1926 C. HARRY JONES, M. D.

Filed ....., 19.... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/10, 1926, to 10/11, 1926,

that I last saw h. alive on 10/10, 1926,

and that death occurred, on the date stated above, at 9 (A) m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Arterio sclerosis - Chr-

Myocarditis

(duration) Unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Albuminuria - Urinalysis

(Signed) Dan'l Trunchion M. D.

10/12/26 (Address) 122 N Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lafayette Ave.	Oct 13/26
20 UNDERTAKER	ADDRESS 516
Harriet Easton	Pa ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31

E 14896
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED **E 14896**

City of BALTIMORE: (No. 829 Bradley St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Preston Dutton

(a) RESIDENCE NO. 829 Bradley St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: Col
5 Single, Married, Widowed, or Divorced (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 7th 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26		5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Md
(State or country)

PARENTS

10 NAME OF FATHER: Wm Dutton
11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)
12 MAIDEN NAME OF MOTHER: Ella Coleman
13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Ruby Forney
(Address) 824 Eden St

15 Filed 1926 19 C. THOMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1926, to Oct 12, 1926, that I last saw him alive on Oct 12, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis
(duration) yrs. 8 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Atlantic City N.J.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) H S McCaul M. D.
10/12 1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: Oct 13/926

20 UNDERTAKER: Nann Easton — ADDRESS: 69 Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 14897

E 14897

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No._____ St., 4-1 Ward)

2-FULL NAME Albert Denton

(a) RESIDENCE NO. 700 Arch St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charles County

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

15 Filed OCT 13 1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 10 1926

17 I HEREBY CERTIFY, That I attended deceased from November 16, 1925, to October 10, 1926, that I last saw him alive on October 9, 1926, and that death occurred, on the date stated above, at 2.45 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) ?yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general laboratory

(Signed) C Wooppen Smith, M. D.

Oct 10 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Oct 12 1926

20 UNDERTAKER Daniel Eaton ADDRESS 916 Bgve.

Spec.—1-12-23—M&T—500 Bks.

E14898 HEALTH DEPARTMENT—CITY OF BALTIMORE E14898

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-1 WARD)

REGISTERED NO. 135

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D. Mitchell

(a) RESIDENCE No. Ellicott City Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Mitchell

6 DATE OF BIRTH (month, day, and year): Nov 13, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Himself

BIRTHPLACE (city or town) (State or country): Howard Co Maryland

10 NAME OF FATHER: Francis B. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Maryland

Informant (Address): Hospital Records

Filed OCT 13 1926 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 19 26 to Oct 11 19 26

that I last saw h.. alive on Oct. 11 19 26

and that death occurred, on the date stated above, at 7.15 A m.

The CAUSE OF DEATH* was as follows:

Renal Insufficiency

Cardiac Decompensation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Supra-Pubic Operation

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Beachley, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Oct. 13, 19 26

20 UNDERTAKER: Easton Son

ADDRESS: Ellicott City

Spec.—12-9-25—A Co.—200 Bks.

E 14899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 ✓

REGISTERED No. E 14899

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3116 Elliott St. St. 1-4 Ward)

2-FULL NAME Margaret C. McMahon

(a) RESIDENCE NO. 3116 Elliott St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced BUSBAND of (or) WIFE of Joseph McMahon.

6 DATE OF BIRTH (month, day, and year) July—1881.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Blake

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Anna C. Kelly.

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Joseph McMahon

(Address) 3116 Elliott St.

15 Filed _____ 19__ C. FAMOUS JONES, M. D.

5 1320 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct 11-1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 10 26, to Oct 9 26, that I last saw her alive on Oct. 9 26, and that death occurred, on the date stated above, at 11 05 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) —yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuf

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) J. F. Bromberg, M. D.

10-12-26 (Address) 3037 Edmondell N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. Date of Burial Oct 13th 1926

20 UNDERTAKER Kelly & Zeiler ADDRESS 403 S. Wolfe St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14900 X26-002 **E 14900**

REGISTERED NO._____

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. _____ St. 43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rena Westley

(a) RESIDENCE NO. Glyndon Maryland St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 17 1918

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
8	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Martin Westley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Florence Whitcomb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Martin Westley

(Address) Glyndon Md

15 Filed 1926 Per C. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 1926, to Oct 12 1926, that I last saw h[illegible] alive on Oct 12 1926, and that death occurred, on the date stated above, at 10.46 a. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis -

CONTRIBUTORY (Secondary) Septicemia - Meningeal Infection (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 9 1926

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

(Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakenny M E Cemetery Reisterstown Md Date of Burial Oct 15 1926

20 UNDERTAKER J. F. Edmondson & Sons Reisterstown Md ADDRESS

E 14901

~~E 14908~~

Spec. 12-8 25M A Co — 100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14901

~~E 14908~~

CERTIFICATE OF DEATH.

185 E 14908

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hospital St. 4-W Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Emmett

(a) RESIDENCE NO. 1805 Ramsey St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Wm. A. Emmart

11 BIRTHPLACE OF FATHER (city or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Barbara Lee

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

14 Informant Mr. Wm. P. Emmart,

(Address) 4 Forrest Ave.

15 Filed 3 1926 By [redacted] K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1924 to Oct. 11, 1926,

that I last saw h[redacted] alive on Oct. 11, 1926

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis, Chronic Myocarditis, and Fractured Right Hip (due to fall down steps two weeks ago)

(duration) yrs. mos. ds.

CONTRIBUTORY Unknown

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. B. Cupsdle, M. D.

, 19 (Address) Balto. City Hospital.

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

John T. Gowan & Son. 1 W. Lafayette Ave

Cor.—12-9-25—A Co.—200 Bks.

Frank Rose.

614902.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

614902

161-06

1-PLACE OF DEATH

City of BALTIMORE (No. D Johns Hopkins Hospital 12-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ---- Rose

(a) RESIDENCE NO. 1618 N. Calvert St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 8-26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): 10/11/26

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: Rufus Rose

11 BIRTHPLACE OF FATHER (city or town):

(State or country): N.C.

12 MAIDEN NAME OF MOTHER: Mary Inks

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va.

14 Informant: Hospital

(Address)

15 Filed ..... 19.. CHAMPION JONES, M. D.

1 3 1920 RK. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (Twin)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (own)

(duration) yrs. mos. ds.

(Signed) John J. Callan M. D.

(Coroner)

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johns Hopkins Hosp. Date of Burial 19

20 UNDERTAKER ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14903

CERTIFICATE OF DEATH.

31 E 14903

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Baltimore City Hospitals ST. 16-7 WARD)

2-FULL NAME Patrick Hall

(a) RESIDENCE NO. None ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51		-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Race track employe

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) New York

PARENTS

10 NAME OF FATHER Patrick Hall

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Roach

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... C. HARRISON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1926, to Oct. 11, 1926,

that I last saw him alive on Oct. 11, 1926,

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous enteritis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gatteaux, M. D.

10-11-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 10-13 1926

20 UNDERTAKER S. S. Tabby Sons

ADDRESS 1318 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14904

1-PLACE OF DEATH

City of BALTIMORE: (No. 2117 Brookfield Ave. 13-6 Ward)

2-FULL NAME Mary Cohen

(a) RESIDENCE NO. 2117 Brookfield Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

41 E 14904

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Cohen

6 DATE OF BIRTH (month, day, and year) May 13th. 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington

(State or country) N. C.

PARENTS

10 NAME OF FATHER Solomon L. Littauer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Clara Aaron

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Samuel Cohen

(Address) 2117 Brookfield Ave.

15 Filed ....19.... Registrar

13 1926 R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1926, to Oct 11, 1926, that I last saw her alive on Oct 9, 1926 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of the Liver.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no complete Gross & Intestinal

What test confirmed diagnosis? Serum - Blood examinate.

(Signed) J. M. Cohen, M. D.

Oct 13 1926 (Address) 1123 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Hebrew Cemetery	Oct. 13 1926

20 UNDERTAKER Harry Sondheim

ADDRESS 1128 20 W. Mt. Royal Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14905

CERTIFICATE OF DEATH.

101-001

E 14905

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hattie Pinkett

(a) RESIDENCE NO. 815 Ashland Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Buchanan Pinkett

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 30 yr				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Buchanan Pinkett

(Address) 815 Ashland Ave

OCT 13 1926 A. DION JONES, M. D.

14 Filed ..... 19..... Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Primary)

(duration) .....yrs. .....mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Collins, M. D.

(Coroner)

10-12-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. Date of Burial Oct 13 1926

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 325 Ashland Ave

Spec.—12-9-25—A Co.—200 Bks.

E 14906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14906

1-PLACE OF DEATH South Baltimore Gen Hosp. 1352 REGISTERED NO.

City of BALTIMORE: (No. 1213 Light St St. 2352 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Lamar

(a) RESIDENCE NO. 1507 S Charles St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bridget Gallagher

6 DATE OF BIRTH (month, day, and year): — — 1853.

7 AGE: Years 73 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Patrolman

(c) Name of employer

9 BIRTHPLACE (city or town): Balt (State or country): Md

PARENTS

10 NAME OF FATHER: Cesar Lamar

11 BIRTHPLACE OF FATHER (city or town): Penna. (State or country)

12 MAIDEN NAME OF MOTHER: Mary Serard

13 BIRTHPLACE OF MOTHER (city or town): Md (State or country)

14 Informant: Chas E Lamar (Address) 1035 Hilleary St.

15 Filed ..... 19 ..... Registrar

OCT 13 1926 HAMILTON BRANCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6 1926, to Oct 12, 1926, that I last saw h.. alive on Oct 12, 1926, and that death occurred, on the date stated above, at 2.50 a m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary): Hypertrophic Prostate

(duration) 6 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 4/26

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J S Hardesty, M. D.

, 19 (Address) South Balt Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Brae Cem Date of Burial 10/15 19 26

20 UNDERTAKER: J. F. Haley & Sons ADDRESS 1318 Light St.

Spec.—1-10-21—M&T—1500 Bks.

E 14907

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14907

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto general Hospital

CITY OF BALTIMORE: (No. Rayon and Dukeland St. 1523 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Silverman

(a) RESIDENCE NO. 3709 Park Heights Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abraham Silverman

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Henry Silverman

(Address) 2411 E. Randall St.

15 Filed [illegible] 1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/10, 1926, to 10/12, 1926, that I last saw her alive on 10/12, 1926, and that death occurred, on the date stated above, at 3:00 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) UMB Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrun Rm — DATE OF BURIAL 10/13 1926

20 UNDERTAKER Jack Levis 1439 E Balt St — ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14908

CERTIFICATE OF DEATH.

REGISTERED No. E 14908

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt. Berman or Rabinowitz

(a) RESIDENCE NO. Hebrew Friendly Inn 111 Aisquith St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER: U known

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Hebrew Benevoleny Society

(Address) 411 W. Fayette St

15 Filed OCT 13 1926 19 Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Neoplasm (Character not yet determined, autopsy at Hebrew Hospital)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

(Coroner)

10/12/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew — Date of Burial: 10/13 19 26

20 UNDERTAKER: Jack Levin — ADDRESS: 1431 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14909

CERTIFICATE OF DEATH.

E 14909

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Pappleton ST. 18-3 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph G. Burgess,

(a) RESIDENCE No. 110 S. Pappleton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 5. 1926.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
—	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Geo. A. Burgess

11 BIRTHPLACE OF FATHER (city or town) Balto, (State or country)

12 MAIDEN NAME OF MOTHER Cecelia Eckert

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Geo. A. Burgess (Address) 110 S. Pappleton St

Filed OCT 13 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926. to Oct. 12 1926, that I last saw him alive on Oct. 12, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) 1 yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Chas. Norton, M. D.

10/12/26 (Address) 5821 N. Central Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 14 1926
20 UNDERTAKER	ADDRESS
George Smith	1532 Hollins St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14910 E 14910

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 711 George St., (WARD) 17-3

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Washington

(a) RESIDENCE NO. 711 George ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write one word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Washington

6 DATE OF BIRTH (month, day, and year): 1851

7 AGE — Years: 75 — Months: — Days: — If LESS than 1 day, hrs. or ..... min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Fannie Washington
(Address) 711 August St

15 Filed OCT 13 1926 19.. C. WATSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to Oct 9, 1926, that I last saw him alive on Oct 9, 1926, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis & Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. R. Conley M. D.

, 19.. (Address) 783 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: Oct 13 1926

20 UNDERTAKER: Samuel A Hanley

ADDRESS: 578 N Bdle

E 14911 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14911

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 5223 Florence Ave. St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William A. Holtz

(Residence in Baltimore: No. 5223 Florence Ave. Similar St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE. W.

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. Aug (Month) 8 (Day) 1871 (Year)

7-AGE. 55 yrs. 2 mos. 3 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Painter
(b) General nature of industry, business, or establishment in which employed (or employer). Self.

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Henry C. Holtz

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Rosa Walker

13-BIRTHPLACE OF MOTHER, (State or Country). Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clarence McGruder

(Address) 5 Clayton Ave Md

15-

Filed ..... 19..... Registrar.

RK

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 11 (Day) 192[illegible] (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gun Shot Wound

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.
(Coroner.)

10/12 192[illegible] (Address) 3632 Roland Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State. ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge — DATE OF BURIAL. Oct 13 19 26

20-UNDERTAKER. [illegible] Cook — ADDRESS 501 E. North Ave

Spec.—1-12-23—M&T—500 Blks.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14912

E 14912

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 24-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2005 N Charles St. (Ward) 23rd

2-FULL NAME Joseph A Howard

(a) RESIDENCE NO. 2005 N Charles St. (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 15 1870

7 AGE — Years: 56 — Months: 8 — Days: 27 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Western Union

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph F. Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret L Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: William G. Howard
(Address) 390 Kate Ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 1926

17 I HEREBY CERTIFY, That I attended deceased from May 18th 1925 to Oct 12th 1926, that I last saw h[illegible] alive on Oct 11th 1926 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hemiplegia (right)

(duration) yrs. 17 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. G. Elcrop, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Aberdeen Grove Presbyterian — DATE OF BURIAL: Oct 11 1926

20 UNDERTAKER: W. H. Cook — ADDRESS: 207 E Madison

Spec. 1-10-21—M&T—1500 Bks.

E 14913 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14913

CERTIFICATE OF DEATH. Brooklyn 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 Patapsco Ave ST., 5-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Appel

(a) RESIDENCE NO. 518 Patapsco Ave ST.,

(Usual place of abode) WARD

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Appel

6 DATE OF BIRTH (month, day, and year) June 22 1840

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Maggie Coonan

(Address) 518 Patapsco Ave

15 Filed OCT 3 1926 Baltimore Md

Per R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 1926, to Oct 11 1926, that I last saw h[illegible] alive on Oct 11 1926, and that death occurred, on the date stated above, at 10 40 p m.

The CAUSE OF DEATH* was as ~~follows~~: Carcinoma of ovaries

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 320 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Oct 14 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

Spec.—1-12-22—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14914

CERTIFICATE OF DEATH.

113 E 14914

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Portland ST., 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adven P. Naidich

(a) RESIDENCE No. 700 Portland ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 26. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		10 9	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Naidich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Liethvania

12 MAIDEN NAME OF MOTHER Eva Nikrach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Liethvania

14 Informant

(Address)

Filed Per 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct.12 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 10 , 19 26. to Oct. 12, , 19 26. that I last saw him alive on Oct. 12 , 19 26, and that death occurred, on the date stated above, at 7 Pm.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Ellen D. Brockbank M. D.

10/13/26 (Address) 24 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct. 1926 19

20 UNDERTAKER ADDRESS

John Grebliauckas J.G. 423 S Paca St

Spec.—1-12-26—D&T—500 Blks.

E 14915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14915

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 3-2 100 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Fernandez -

(a) RESIDENCE NO. 529 S. Dallas ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 12, 1926

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min
	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Anthony Fernandez

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain

12 MAIDEN NAME OF MOTHER Consuello Mate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Spain

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed ....., 19 C. HAMPTON JONES, M. D. Registrar

Per RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1926, to Oct 12th, 1926, that I last saw him alive on Oct 12, 1926 and that death occurred, on the date stated above, at 11:45 a. m.

The CAUSE OF DEATH* was as follows:

Cellulitis of back

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thomas W. Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cemetery	Oct 13 1926
20 UNDERTAKER	ADDRESS
L. Sander Sons	1710 Pleasant St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

166

E 14916

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 14916

REGISTERED NO.

City of BALTIMORE: (No. Johns Hopkins Hospital 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosie Dominak

(a) RESIDENCE NO. 2211 Portugal St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Mar 31/1910

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
16	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of Indnstry, business, or establishment in which employed (or employer) Tottle's 10c

(c) Name of employer Store, S. Broadway

9 BIRTHPLACE (city or town)

(State or country) Dunbar Pass, La.

PARENTS

10 NAME OF FATHER Joseph Domunak

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto.,Md.

12 MAIDEN NAME OF MOTHER Sophia Knotek

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Sophia Dominak (mother)

(Address) 2211 Portugal St.

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Pollio M. D.

(Coroner)

10/12/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
ST. STANISLAUS CEMETERY	10/15/26

20 UNDERTAKER M J Sadowski., ADDRESS 705 S.Ann St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14917.

CERTIFICATE OF DEATH.

E 14917

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S. 11 St ST., 26 WARD)

2-FULL NAME Anna Wozny

(a) RESIDENCE NO. 30 S 11 St ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903 - May 21

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Lady

(b) General nature of industry, business, or establishment in which employed (or employer) Dry goods

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Leonard Wozny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Reisinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Leonard Wozny

(Address) 30 S 11th St

15 Filed OCT 13 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr. 1926, to Oct. 11, 1926,

that I last saw her alive on Oct. 11, 1926,

and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Diabetes.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinary

(Signed) Frank A. Glantz, M. D.

Oct. 1926 (Address) 3240 Eastern ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Oct 15 1926

20 UNDERTAKER Stephen J Trakowski ADDRESS 1600 Kenwood Ave

Spec.—1-12-23—M&T—500 Bks.

1926 6 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 14918

CERTIFICATE OF DEATH.

E 14918

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 6-V WARD) 161-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lulu Tisdale

(a) RESIDENCE NO. 2311- Chapel ST., Balto WARD Ind -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7 mos -		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER John Tisdale

11 BIRTHPLACE OF FATHER (city or town) S. Car -
(State or country)

12 MAIDEN NAME OF MOTHER Geneva McCray

13 BIRTHPLACE OF MOTHER (city or town) S. Car -
(State or country)

14 Informant Parents -
(Address)

15 Filed JOHNS HOPKINS HOSPITAL
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 , 1926 , to Oct 10 , 1926

that I last saw her alive on Oct 10 , 1926

and that death occurred, on the date stated above, at 7 20 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity,

(duration) ..... yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) ..... yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? NO Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? ?

(Signed) Henry A Cornpole, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
JOHNS HOPKINS HOSPITAL	
20 UNDERTAKER	ADDRESS
JOHNS HOPKINS HOSPITAL	

Spec.—1-12-23—3167—500 Blks.

19627 / 100-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14919

REGISTERED NO. E 14919

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wilson

(a) RESIDENCE NO. 1444 E. Monument ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-17-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER James Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary Daniel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Relative

(Address)

Filed OCT 13 1926 [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 3rd, 1926, to Oct. 11, 1926, that I last saw h e alive on Oct 11, 1926 and that death occurred, on the date stated above, at 10 55 P. m

The CAUSE OF DEATH* was as follows:

Pneumonia, broncho

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? no

(Signed) Thomas W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	Oct 13 1926
20 UNDERTAKER	ADDRESS
Mrs R A Elliott	1726 Eastland Ave

Cor.—12-9-25—A Co.—200 Bks.

Fouke.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14920

CERTIFICATE OF DEATH.

88-003

E 14920

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Womens Hospital St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude May Fouke

(a) RESIDENCE NO. Taneytown Md. St., _____ Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry H. Fouke

6 DATE OF BIRTH (month, day, and year): July 1859

7 AGE: Years 67 Months 3 mo Days ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired school teacher

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): Pleasant Valley,

(State or country): Md.

PARENTS

10 NAME OF FATHER: John S. Forest

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Currens

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Md.

14 Informant: Harriet F. Forest

(Address): 1218 Lindenave

15 Filed ..... 19 ..... Registrar

OCT 13 1926 for RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia from a severe accidents recei

(duration) about 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) automobile accident

(duration) 1 yrs. mos. ds.

(Signed) J. J. Kenney M. D.

(Coroner)

(Address) 120 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Baltimore & Maryland

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hanover Pa — Date of Burial: 10/14 1926

20 UNDERTAKER: James A Jones — ADDRESS: 120 N Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14921

CERTIFICATE OF DEATH.

179E 14921

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 S. N Calvert, St. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Weber

(a) RESIDENCE No. 131 S. North Calvert ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma H. Weber

6 DATE OF BIRTH (month, day, and year) July 30th 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77		2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer) National Central Bk

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Charles Weber

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Bachman

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Emma M. Weber
(Address) 131 S. North Calvert St

15 Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1926

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1926, to Oct 12, 1926, that I last saw him alive on Oct 12, 1926, and that death occurred, on the date stated above, at 2.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory work

(Signed) Benj. F. Phillips M. D.

Oct 13 1926 (Address) 832 N. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 10-14 1926

20 UNDERTAKER Henry W. Jenkins' Sons Co

ADDRESS Orchard & McCulloh

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14922

CERTIFICATE OF DEATH.

100-007

E 14922

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Bolton ST. 14-W WARD)

2-FULL NAME Annie Elisabeth Owens Wylie

(a) RESIDENCE NO. 1822 Bolton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris K Wylie deceased

6 DATE OF BIRTH (month, day, and year) Nov 30 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
70	-	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West River Anne Arundel Co Md

10 NAME OF FATHER Dr Thomas J Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) West River Anne Arundel Co Md

12 MAIDEN NAME OF MOTHER Velma Annie Chaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West River A.A. Co Md

14 Informant (Address) Herbert M. Brune 839 Equitable Bldg.

Filed OCT 13 1926 C. HARRISON JONES, M.D. Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1926, to Oct. 13, 1926, that I last saw her alive on Oct 13, 1926 and that death occurred, on the date stated above, at 6. a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Following acute Myocarditis

(duration) as above- yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dr's

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A R Gorsuch, M. D.

19 (Address) 117 N Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 14 1926
20 UNDERTAKER	ADDRESS
Henry Watkins Sons Co	McCulloh & Orchard Sts.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14923

CERTIFICATE OF DEATH.

16-002

E 14923

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 10-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Ella Zacks.

(a) RESIDENCE NO. 2026 Christian ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of infant.

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
		9	12 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER Joseph D. Zacks.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Beatrice Thompson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

Informant Mother
(Address)

Filed ..... 19 ..... Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sept 24, 1926, to Oct. 12, 1926, that I last saw her alive on Oct. 12, 1926, and that death occurred, on the date stated above, at 7:05 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos 35 ds.

CONTRIBUTORY (Secondary) marasmus, rickets

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elizabeth Sherman, M. D.

, 19 (Address) Eleventh & Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Oct 14 26

20 UNDERTAKER Harry H. Weitzel — ADDRESS 524 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

125

E 14924 REGISTERED NO.

E 1-14924 DEATH

CITY OF BALTIMORE, (No.) 2003 Eagle (ST.) 90-6 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Kuhl

(a) RESIDENCE NO. 2003 Eagle ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Staab Kuhl

6 DATE OF BIRTH (month, day, and year) January 21, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	54	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Kuhl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF ~~MOTHER~~ --Schleinberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sadie Staab Kuhl

(Address) 2003 Eagle St

15 Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1926

17

I HEREBY CERTIFY, That I attended deceased from June, 1926, to Oct 9, 1926

that I last saw h-- alive on Oct 9, 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Odontoma

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Jan 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Usual

(Signed) Chas T Smith M. D.

(Address) 527 Lenox

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	OCT 13, 1926

20 UNDERTAKER Harry A. Wortz & Co ADDRESS 521 W. Lanvale St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 14925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 14925

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Edmondson Ave (WARD) 20-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver Betton

(a) RESIDENCE. No. 3701 Edmondson ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 23 - 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Preacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Alfred F Betton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Alva Perine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Alva Betton

(Address) 3701 Edmondson ave

15 Filed OCT 3 1926 19 G. HAMPTON JONES, M. D. Registrar

Per RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12th 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1926, to Oct 12th, 1926, that I last saw h in live on October 12th, 1926, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Uraemic Coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary Analysis

(Signed) W. J. Carrick, M. D.

, 19 (Address) 3709 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	10-15-1926
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins st

Spec.—1-10-21—M&T—1500 Bks.

E 14926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14926

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd Sts St. 12-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Edwin E. Bishop

(a) RESIDENCE NO. 208 Centennial Ave ST., ... WARD Hanover, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 18 ds. How long in U. S., If of foreign birth? // yrs. / mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Edwin E. Bishop

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	10	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Life Insurance Business (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer) Prudential Life Insurance Co.
(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John A. Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Miranda P. Slaughaupt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Deceased (before death)
(Address)

15 Filed 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Oct 13, 1926, that I last saw him alive on Oct 13, 1926, and that death occurred, on the date stated above, at 6:50 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency. ✓

Unknown
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis ✓
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) H. J. Seraphety, M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hanover Penna.	Oct 16 1926
20 UNDERTAKER	**ADDRESS**
W. G. Fleisher	Hanover Pa.

Spec.—1-10-21—M&T—1500 Bks.

E 14927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14927.

CERTIFICATE OF DEATH.

162

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby (Girl) Wiessner

(a) RESIDENCE No. 602 E. Chase ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/12/26

7 AGE — Years — Months — Days — If LESS than 1 day, 5 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... 0

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Wiessner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Annabelle Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address)

15 Filed ... 19... Registrar

1926 020718

C. HAMPSON JONES, M. D.

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-12 1926

17 I HEREBY CERTIFY, That I attended deceased from October 12, 1926, to October 12, 1926, that I last saw her alive on October 12, 1926, and that death occurred, on the date stated above, at 4.15 a m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Chondrodystrophia Foetalis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? yes

What test confirmed diagnosis? clinical

(Signed) Harry Weinstock M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sinai Hospital

DATE OF BURIAL: OCT 13 1926

20 UNDERTAKER: Commissioner Health.

ADDRESS

Rev. Nov. 5 Hospital

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14928 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 14928**

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital Registered No. 14-1 16001

City of BALTIMORE: (No. Lombard & Greene St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Savage

(a) Residence No. 536 N. Gilmore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.) Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 10-5-26

7-AGE, ... yrs. ..... mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) Baby

(c) Name of employer.....

9-BIRTHPLACE (city or town) Md. (State or Country),

PARENTS.

10-NAME OF FATHER, Charles Savage

11-BIRTHPLACE OF FATHER (city or town) Md. (State or Country),

12-MAIDEN NAME OF MOTHER, Mamie Greene

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country),

14- (Informant).....

(Address).....

15- Filed OCT 5 1926 C. [illegible] JONES, M. D. Registrar.

Per RKH

0719

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10-11-26

17- I HEREBY CERTIFY, That I attended deceased from 10-5 19 26 to 10-11 19 26

that I last saw h[illegible] alive on 10-11 19 26

and that death occurred, on the date stated above, at 10½ m.

The CAUSE OF DEATH* was as follows: Prematurely due to Maternal Nefarious

..... (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

..... (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eva F. Dodge, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, ..., 19....

20-UNDERTAKER, ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

OCT 1 1926

[illegible] WOODALL

Spec.—12-9-25—A Co.—200 Bks.

E 14929

E 14929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

City of BALTIMORE: (No. 526 E. 21st. St. 9-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. L. Thomas

(a) RESIDENCE NO. 526 E. 21st, St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Thomas

6 DATE OF BIRTH (month, day, and year) Feb. 3, 1865,

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mate on Broadway

(b) General nature of industry, business, or establishment in which employed (or employer) Ferry Boat. 16

(c) Name of employer 6

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER John F. Thomas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary J. Digges

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Minnie Thomas

(Address) 526 E. 21st St.

15 Filed 1926 C. H. THOMPSON JONES, M. D.

Per RR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct 11 / 26

17

I HEREBY CERTIFY, That I attended deceased from May 30, 1926, to Oct 11, 1926, that I last saw h~~im~~ alive on Oct 11, 1925 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Urinary Bladder

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Ryan, M. D.

10/12 1926 (Address) 1102 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Park Wood Cem. Oct 14 1926

20 UNDERTAKER ADDRESS

Wm C. Black 927 N. Broadway

Spec—12-23-21—E.B.R.S.—400 Blks.

1926
1841
85

E 14930 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14930

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

City of BALTIMORE: (No. 2711 St Paul St. 17-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Barbara C Swormstedt

(a) Residence No. 2711 St Paul St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or ~~Divorced~~, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Swormstedt

6-DATE OF BIRTH (month, day and year) April 1st 1841

7-AGE, 85 yrs. 6 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town).....
(State or Country), Pennsylvania

PARENTS.

10-NAME OF FATHER, Henry Creuger

11-BIRTHPLACE OF FATHER (city or town).....
(State or Country), Germany

12-MAIDEN NAME OF MOTHER, Katherine Will

13-BIRTHPLACE OF MOTHER (city or town).....
(State or Country), Germany

14-

(Informant) Martha A Swormstedt

(Address) 2711 St Paul st

15-

Filed Oct 13, 1926 R.C.M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 13th 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 26 to Oct 13th 26, 19..., that I last saw h. alive on Oct 6th, 19 26 and that death occurred, on the date stated above, at 10.20a m.

The CAUSE OF DEATH* was as follows:

Cancer of the Pancreas

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer Liver

(Duration) yrs. 7 mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?.....Date of.....

Was there an autopsy?.....

What test confirmed diagnosis? Microscopic

(Signed) [illegible], M. D.

Oct 13, 1926 (Address) 801 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Pa — DATE OF BURIAL, Oct. 15th, 1926

20-UNDERTAKER, George Schilling & Sons — ADDRESS 1126 E Monument St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14931

E 14931

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Florence Leese

(a) RESIDENCE NO. 4921 Eastern Ave St. _____ Ward Donora Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 25 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nicolaus J. Leese

6 DATE OF BIRTH (month, day, and year) 1891.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Penn.

PARENTS

10 NAME OF FATHER Ernest Emmel

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Florence Moore

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Penn.

14 Informant Nicholas J. Leese

(Address) 4921 Eastern Ave

15 Filed Dec 14 1926 C. HARRISON JONES, M. D. Registrar

Per Dec 14

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Self. Induced Miscarriage

(duration) yrs. 4 mos. 7 ds.

CONTRIBUTORY (Secondary) Septic Peritonitis

(duration) yrs. mos. 1 ds.

(Signed) C. C. Yates M. D.

(Coroner)

Dec 14 1926 (Address) 1436 Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Donora Pa. Cem. Date of Burial Dec 15th 1926

20 UNDERTAKER Kelly & Fuller 403 S. Wolfe ADDRESS

Directions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 14932

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14932

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4719 Locust ave ST. 7-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Joseph Connolly.

(a) RESIDENCE NO. 4719 Locust ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Connolly

6 DATE OF BIRTH (month, day, and year) June 13-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore city

PARENTS

10 NAME OF FATHER James E Connolly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Burdina Stanek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Ruby Connolly (Address) 20[illegible] Bolton St

15 Filed 10 13 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug- 27, 1926, to Oct. 12, 1926, that I last saw him alive on Oct. 12, 1926, and that death occurred, on the date stated above, at 10[25] P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis Liver. (alcoholic)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Hoess., M. D.

(Address) 5600 York Rd. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys, Cem. Govans. DATE OF BURIAL Oct 15 1926

20 UNDERTAKER Mrs Mary M. Wiedefeld ADDRESS 501 E. 22 St.

Spec.—1-10-21—M&T—1500 Blks.

E 14933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88 E 14933

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 858 Vine ST. 18 W WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hester Jones Young

(a) RESIDENCE NO. 858 Vine ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Robert Young

6 DATE OF BIRTH (month, day, and year): — — 1868

7 AGE: Years 58 Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Accomac Co Va

PARENTS

10 NAME OF FATHER: Thomas Chandler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Accomac Co Va

12 MAIDEN NAME OF MOTHER: Martha Revell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Accomac Co Va

14 Informant: Susie Walker Page (Address) 107 S. Higgins Lane

15 Filed OCT 14 1926 19 ... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1926 to Oct 11, 1926

that I last saw her alive on Oct 11, 1926

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Ulcerative Endocarditis

(duration) yrs. 7 mos 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Gregersen

(Signed) Dr. Howell M. D.

19 (Address) 119 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Oct 14 1926

20 UNDERTAKER: John H. Toadvine

ADDRESS 1027 Hanover

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 14934

14934 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Men & Women's Home 1622 Druid Hill Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Davis

(a) RESIDENCE NO. 1622 Druid Hill St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	78	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Mrs Evans

(Address) 1622 Druid Hill

15 Filed OCT 14 1926 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1926, to Oct 13, 1926, that I last saw h[illegible] alive on Oct 13, 1926, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation, Arterial Hypertension

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. F. Carroll, M. D.

10/13 1926 (Address) 805 Thayer St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Mt Auburn — Date of Burial Oct 15 1926

20 UNDERTAKER John N. Snodgrass — ADDRESS 1127 Druid Hill

Instructions on back of certificate. — Statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14935
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

160

E 14935
REGISTERED NO.

City of BALTIMORE: (No. 500 N Bruce St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Neusbaum

(a) RESIDENCE NO. 500 N Bruce St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Tuesday December 22, 1925

7 AGE: Years | Months: 9 | Days: 21 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER David

11 BIRTHPLACE OF FATHER (city or town) Austria

(State or country)

12 MAIDEN NAME OF MOTHER Graber

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Austria

14 Informant Jack Lewis

(Address) 1439 E Baltimore St

15 Filed OCT 14 1926 Per C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 10/13 1926

17 I HEREBY CERTIFY, That I attended deceased from July 20 1926 to Oct 13 1926, that I last saw h[illegible] alive on Oct 12 1926, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Marasmus Malnutrition

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj F McEvoy, M. D.

10/13 1926 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial 10/14/26 1926

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Baltimore

(1) Fill in all items if possible. (2) Underline with ink. (3) Use typewriter if possible. (4) Do not abbreviate. (5) Write plainly. (6) Do not fold. (7) Do not write in margins. (8) Do not use pencil. (9) Follow instructions on back of certificate. (10) Cause of death must be stated by a physician. (11) Occupation must be stated by informant. (12) Length of residence must be stated by informant. (13) Date of burial must be stated by undertaker. (14) Undertaker must state address.

Spec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14936 — 73 E 14936

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S. Parish St.; 14-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charley E. Horton

(a) RESIDENCE. No. 331 S. Parish ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 23/1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Clarence Horton

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Cleota Chenoweth

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Mrs C Horton
(Address) 331 S Parrish

15 Filed ... 19 ... Registrar
Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1926, to Oct 13, 1926, that I last saw h... alive on Oct 12, 1926, and that death occurred, on the date stated above, at 4-30 A m.

The CAUSE OF DEATH* was as follows:

Congenital
Pyelonephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Convulsions
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically
Dr H. E. Campbell M. D.
Oct 13 1926 (Address) 1444 Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Oct 14th 1926

20 UNDERTAKER E. Schlosman & Son — ADDRESS 1051 Pennsylvania

Spec.—1-10-21—M&T—1500 Bks.

E 14937 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 90 E 14937.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 S. Pulaski ST., 203 WARD)

2-FULL NAME Mrs Mary F. Boatman

(a) RESIDENCE NO. 33 S Pulaski ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or WIFE of) ~~.....~~: Wm Boatman

6 DATE OF BIRTH (month, day, and year): June 1861

7 AGE — Years: 65 — Months: 3 — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: David Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Everett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Cecelia Walter

(Address) 338 S. Eutaw St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1926, to Oct 13, 1926, that I last saw h alive on Oct 13, 1926, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema 12 hrs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of,

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly, M. D.

10/14 1926 (Address) 207 W Mont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Oct. 15 1926

20 UNDERTAKER: George L. Schwartz — ADDRESS: 2101 Eutaw Pl.

OCT 14 1926 C. J. PERKINS, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14938

CERTIFICATE OF DEATH.

90 E 14938

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 624 Columbia Av St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Wilmer

(a) RESIDENCE NO. 624 Columbia Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Wilmer

6 DATE OF BIRTH (month, day, and year) Sept 8-1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant L. Finkelsey

(Address) 624 Columbia Ave

15 Filed 10 4 1926 By C. HAMILTON JONES, M. D. Registrar

Par RJC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1925, to Oct. 14, 1926, that I last saw h.. alive on Oct 14, 1926, and that death occurred, on the date stated above, at 7.20 A.m.

The CAUSE OF DEATH* was as follows:

Aortic Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

10/14, 1926 (Address) 2320 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Union Road — Date of Burial 10/14 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E. Baltimore

Give exact place of occurrence and full particulars as required by law. See instructions on back of certificate.

Spec.—1-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14939

CERTIFICATE OF DEATH.

185 E 14939

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 307 Myrtle av St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Mcland

(a) RESIDENCE NO. 307 myrtle av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Amanda Mcland.

6 DATE OF BIRTH (month, day, and year) June 6-1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Harbor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Phillips Sheet Metal Co

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unknown

14 Informant Amanda Mcland

(Address) 307 Myrtle St

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-12 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-6-, 1926, to 10-12-, 1926

that I last saw him alive on 10-11-, 1926

and that death occurred, on the date stated above, at 12:15 pm.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

Hemorrhage

duration yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) injuries to abdomen

duration yrs. 5 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Jackson, M. D.

10/13 1926 (Address) 1031 Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Oct 14 1926

20 UNDERTAKER: Jam's V Cashion ADDRESS 1400 Mad

Instructions for filling out certificates. See instructions on back of certificate. NAME OF OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

100-001 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14940

CERTIFICATE OF DEATH.

E 14940

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 11-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Theresa Hynson

(a) RESIDENCE NO. 514 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stanley Hynson

6 DATE OF BIRTH (month, day, and year): Lukeswell 1855

7 AGE: Years 71 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: not given

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Sister Rena Rose (Address): Reisterstown Md

15 Filed OCT 14 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-13-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-21 ——, 1926, to 10-13, 1926, that I last saw h e alive on 10-13-, 1926, and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cystitis, hydronephrosis

Senility (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) C. Theron Hunter M. D.

10/13 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Oct 16th 1926

20 UNDERTAKER: Chas. H. Grant & Son

ADDRESS: 118 W. Mt. Royal ave

THOMPSON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14941

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

12-9 E 14941

REGISTERED NO.

City of BALTIMORE: (No 2422 Lakeview Ave 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Kaufman

(a) RESIDENCE NO 2422 Lakeview Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Anna Kaufman

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	60	0	17 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER David Kaufman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. I. Kaufman

(Address) 2422 Lakeview Ave

15 Filed ..... 19 .....

OCT 4 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13/1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1926, to Oct 13, 1926, that I last saw him alive on Oct 13, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis & myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) uremia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I Frederick Rutz, M. D.

Oct 13 1926 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. Date of Burial 10/15/1926

20 UNDERTAKER David Londheim ADDRESS 118-20 W. Mt. Royal Ave

Supplementary statement of OCCUPATION is required. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14942

E 14942

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. _____ St., 13-6 Ward)

2-FULL NAME Samuel D. Hopine

(a) RESIDENCE NO. 2416 Eutaw Place St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta Hopine

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 66

(b) General nature of industry, business, or establishment in which employed (or employer) Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

PARENTS

10 NAME OF FATHER Tobias Hopine

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Zweet

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant Mr. Jos. Hopine

(Address) 2416 Eutaw Place

15 Filed _____, 19____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 8, 1926 to Oct 12, 1926, that I last saw h.. alive on Oct 12, 1926, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerotic Cardio renal disease (senility)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) L. G. Moller, M. D.

Oct 13, 1926 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balt. Hebrew Cem. Date of Burial Oct. 14 1926.

20 UNDERTAKER David Londheim ADDRESS 118-20 W. Mt. Royal Ave.

Important. See instructions on back of certificate. Every affirmative answer must be accompanied by the name and address of the attending physician, and the date of his last visit. Every question must be answered, and if the information required is unknown, the fact must be stated. Every certificate must be signed by the attending physician, if there be one, and by the undertaker. Every certificate must be filed with the Registrar of the district in which the death occurred, before the body is removed for burial

Spec.—1-12-23—M&T—500 Bks.

E 14943 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14943

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Dallas ST. 6-1 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Quickley

(a) RESIDENCE No. 606 N. Dallas ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3 - 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) Girl

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Alfred Quickley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mattie Washington

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mattie Quickley
(Address) 606 N. Dallas.

15 Filed OCT 14 1926 19 JAMES H. JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 11 - 1926

17

I HEREBY CERTIFY, That I attended deceased from 10 - 10 - , 1926, to 10 - 11 - , 1926,

that I last saw her alive on 10 - 11 - , 1926,

and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Don't Know.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno H Corgin, M. D.

10-13 1926 (Address) 611 - N. Carrollton.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	Oct 14 1926
20 UNDERTAKER	ADDRESS
Mrs R. M. Elliott	1725 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

John F Hunt.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH.

E 14944

1-PLACE OF DEATH

REGISTERED NO. E 14944

City of BALTIMORE: (No. 754 Sarah Ann St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F Hunt

(a) RESIDENCE NO. 754 Sarah Ann St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not known

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Lucy Smith

(Address) 824 Sarahann Blvd

15 Filed ....., 19.. C. HARRISON ..... Registrar

For ..... Deputy

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 10/11/24 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage due to Arterial Degeneration

(duration) months years days.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Daniel Straley M. D. (Coroner)

, 19 26 (Address) 3325 Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cy Date of Burial Oct 14 1926

20 UNDERTAKER Edward L Whaler ADDRESS 309 Myrtle Ave

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

1925-15-2

E 14945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+123.

E 14945

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ... ST., 1-1 ... WARD)

JOHNS HOPKINS HOSPITAL

2-FULL NAME Shellie Sharp

(a) RESIDENCE NO. 2467 Berryman Ave ST., ... WARD Hanover-Ja-

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 1½ mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - Marshall

6 DATE OF BIRTH (month, day, and year) Nov. 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
about	45	11	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work - 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del

12 MAIDEN NAME OF MOTHER Lama Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del -

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL, M.D.

15 Filed OCT 14 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1926, to Oct. 12, 1926, that I last saw her alive on Oct. 12, 1926 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage from cystic artery, duration about 1 hour

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) arteriosclerosis and hypertension (duration) many yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Contributary conditions acquired during many years

Did an operation precede death? Yes Date of Sept. 4, 1926 Oct. 2, 1926

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Raymond P. Turner M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Martinsville Va.	Oct. 14 1926
20 UNDERTAKER	ADDRESS
Richard F. Burley	1808 Bway

Spec.—1-10-21—M&T—1500 Bks.

E 14946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14946

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 833 William ST 22-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Jane Bristow

(a) RESIDENCE NO. 833 William ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): W. dow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Bristow

6 DATE OF BIRTH (month, day, and year): Sept 22 1844

7 AGE: Years 82 Months Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at

(b) General nature of industry, business, or establishment in which employed (or employer): home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: John Tapman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co Md

12 MAIDEN NAME OF MOTHER: Mary Spaulding

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co Md

14 Informant: Mrs Laura C Bristow

(Address) 3014 Clifton Park Ter.

15 Filed 19 Registrar

C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926, to Oct 13, 1926, that I last saw her alive on Oct 12 1926 and that death occurred, on the date stated above, at 6 15 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — DATE OF BURIAL: Oct 16 1926

20 UNDERTAKER: John H. Denny — ADDRESS: 715 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 14947.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 14947

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 W.Heath ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Virginia Baker

(a) RESIDENCE NO. 10 W.Heath ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Baker

6 DATE OF BIRTH (month, day, and year) June 7 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Andrew J.Miskimmon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth J.Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Andrew J.Baker

(Address) 123 W.Clement St.

15 Filed 4 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct.13 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926 to Oct 13, 1926

that I last saw h alive on Oct 13, 1926

and that death occurred, on the date stated above, at 10.40 A.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ephemeritis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W.R.H. Campbell M. D.

14 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Oct 16 1926
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

(Instructions on back of certificates.)

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14948

E 14948

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH City of BALTIMORE: (No. Fort Ave near Fort McHenry. St., 242 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Binder.

(a) RESIDENCE NO. 1529 Light St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ____ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 20 yrs. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed _____, 19____ C. HAMPSON JONES, M. D.

4 1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 10, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Otto Leonhardt M. D.

(Coroner)

10/14/26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park	Oct 15 1926
20 UNDERTAKER	**ADDRESS**
John F. Denny	715 Light St

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14949

CERTIFICATE OF DEATH.

90

E 14949

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. JOhns HOpkins Hospital 15-13 Ward)

2-FULL NAME Richaerd D. Walker

(a) RESIDENCE NO. 1365 N Calhoun St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louise Walker

6 DATE OF BIRTH (month, day, and year) Dec 1867 ~~1869~~

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
58	59	10 9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter (House)

(b) General nature of industry, business, or establishment in which employed (or employer) 60

(c) Name of employer 0

9 BIRTHPLACE (city or town) _____

(State or country) Virginia

PARENTS

10 NAME OF FATHER Caroline Walker

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Caroline Johnson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Virginia

14 Informant Thomas J. Walker (brother)

(Address) Townsville, N.C.

15 Filed _____ 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency- probably valvular

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. E. Potts M. D.
(Coroner)

18 (Address) Oct 14/26 508nE. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Henderson N. C. Date of Burial 10/15/26

20 UNDERTAKER Mrs. P. G. Elliott ADDRESS 1725 Ashland av

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

~~HENDERSON, Johns. M. D.~~

Cor.—12-9-25—A Co.—200 Bks.

E 14950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14950

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH

City of BALTIMORE: (No. 126 N. Durham St St. 6-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose L. ~~Durham~~ (Deinlein)

(a) RESIDENCE NO. 126 N. Durham St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Deinlein

6 DATE OF BIRTH (month, day, and year) Feb 17/1883

7 AGE	Years	Months	Days 25	IF LESS than 1 day.....hrs. or.....min.
	43	67	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Theo. Lambert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Jule Kleiman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant John A. Deinlein

(Address) 126 N. Durham

15 Filed ..... 19 C. THOMPSON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puereral Septicemia-due to child birth at full term.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably portion retained placenta (duration) yrs. mos. ds.

(Signed) J. H. Baer, M. D.

(Coroner)

10/14/26 (Address) 508 E. Worth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial Oct 15 1926

20 UNDERTAKER Kelly and Zeiler ADDRESS 403 S. Wolfe St.

Instructions on back of certificate. Exact statement of OCCUPATION is

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14951 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14951

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1611 E Lanvale St. 16-7 52 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Honora Guerin

(a) Residence No. 1611 E Lanvale St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Richard Guerin

6-DATE OF BIRTH (month, day and year): Dec 4/ 1870

7-AGE. 55 yrs. 10 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Ireland

PARENTS.

10-NAME OF FATHER: Patrick Guerin

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Bridget Boland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant) Mrs Guerin

(Address) 1206 Wilcox Pl

15- Filed Oct 14 1926 By C. EMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 13/26

17- I HEREBY CERTIFY, That I attended deceased from Oct 9th 19 26 to Oct 13th 19 26

that I last saw h... alive on Oct 12th 19 26

and that death occurred, on the date stated above, at 4.45 AM

The CAUSE OF DEATH* was as follows: 4.45 AM

Cerebral Hemorrhage

(Duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Sw K Vonet M D

Oct 14th 19 26 (Address) 1501 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION, OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct. 16 1926

20-UNDERTAKER: Leonard J. Finck — ADDRESS: Sutton Pl

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14952

CERTIFICATE OF DEATH.

90 E 14952

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 445 N. Linwood Ave D-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine W. Fleckenstein

(a) RESIDENCE NO. 445 N Linwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of Sebastian Fleckenstein

6 DATE OF BIRTH (month, day, and year): May 1 - 1847

7 AGE: Years 79 | Months 5 | Days 12 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany.

14 Informant: Katharine Cook

(Address): 445 N Linwood Ave

15 Filed ..... 19 .....

Per .....

C. PARKSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 12 19 26

17

I HEREBY CERTIFY, That I attended deceased from Aug 18 19 26 to Oct 12 19 26

that I last saw h[illegible] alive on Oct 12 19 26

and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Asthenia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Lowell M. D.

10/13 19 26 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Oct 15th 1926

20 UNDERTAKER: Leo G. Cook — ADDRESS: 1723 Patterson Park Ave.

very important. See instructions on back of certificates.

FAILURE to file statement of OCCUPATION is

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E_14953

CERTIFICATE OF DEATH.

E_14953

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 433 N Lombard St., 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Franz

(a) RESIDENCE NO. 433 N Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacco

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer National Bakery

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Chas Franz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Weber

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Jacob Franz

(Address) 920 St Peter St

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterial Hypertension
Cerebral Hemorrhage

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Alan O Pinkham M. D.
(Coroner)

1926 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Oct 15 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 North Ave

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14954
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 14954
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1803 W. Lafayette ST., 16-5 WARD)

2-FULL NAME Robert Dale

(a) RESIDENCE NO. 1803 W. Lafayette ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret a Dale

6 DATE OF BIRTH (month, day, and year) Nov. 20 1833

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa

PARENTS
10 NAME OF FATHER Saml Dale
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14
Informant Harry Dale
(Address) 1803 W. Lafayette St

15
Filed ..... 19 .....
Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13th 1926

17
I HEREBY CERTIFY, That I attended deceased from 1921, 19..., to Oct 13th, 1926, that I last saw h alive on Oct 13th, 1926, and that death occurred, on the date stated above, at 5.45 P.M.
The CAUSE OF DEATH* was as follows:
Diabetes

(duration) yrs mos ds.
CONTRIBUTORY (Secondary) Senile Gangrene
(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. D. Lightcap M. D.
10.13. 1926 (Address) 211 N. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Oct 15 1926
20 UNDERTAKER	ADDRESS
Chas. E. Franck & Son	Madison

Exact statement of OCCUPATION. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 14955

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 14955

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-6 ST. WARD)

2-FULL NAME Baby Wills

(a) RESIDENCE. No. 330 W Forest Park Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 13 1926.

7 AGE — Years — Months — Days

If LESS than 1 day 16 hrs. 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Franklin Sq. Hosp. Balto. Md.

10 NAME OF FATHER Thomas W. Wills.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant (Address) Hospital attendant Franklin Square

Filed ..... 19 .....

OCT 15 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1926, to Oct. 14, 1926, that I last saw him alive on Oct 13, 1926, and that death occurred, on the date stated above, at 2:45 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur A Cole, M. D.

, 19 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Marie Cem.

DATE OF BURIAL: Oct 15th 1926

20 UNDERTAKER: John Burns Sons

ADDRESS: Towson Md

Spec. —1-10-21—M&T—1500 Bks.

E 14956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157 E 14956

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital St., 13-5 WARD)

2-FULL NAME Alice Wilson

(a) RESIDENCE No. 2626 Druid Hill St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Adolphus Wilson

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Nathaniel Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Kent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Thomas R. Smith (Bro.) 2005 Druid Hill Ave.

15 Filed OCT 15 1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1926, to Oct 12, 1926, that I last saw h[illegible] alive on 10-12, 1926 and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

(duration) yrs. 1 mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 10 '26

No Amputation of Leg

Was there an autopsy?

What test confirmed diagnosis? Clinical & Lab.

(Signed) Estella M.D. M. D.

10/13, 1926 (Address) 1123 N Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Oct. 15 1926

20 UNDERTAKER Jno M. Johnson

ADDRESS 1234 Eutaw St.

Please write very important. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E_14957

CERTIFICATE OF DEATH.

137 E_14957

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital H-V ST., WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dir Doo Dind

(a) RESIDENCE No. 204 Ivy alley ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Chinese White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	86			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundryman
(b) General nature of industry, business, or establishment in which employed (or employer) 041
(c) Name of employer

9 BIRTHPLACE (city or town) China
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) do
(State or country)

12 MAIDEN NAME OF MOTHER do

13 BIRTHPLACE OF MOTHER (city or town) do
(State or country)

14 Informant Dir Jaun
(Address) 203 N. Broadway St

15 Filed Oct 15 1926 EMERSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G. C. Biddle, M. D.
Oct 12 1926 (Coroner) (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Oct 16 1926
20 UNDERTAKER	ADDRESS
John D. Mitchell	1211 W Fayette

Spec.—12-9-25—A Co.—200 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 14958

E 14958

REGISTERED NO.

1 PLACE OF DEATH

City of BALTIMORE: (No. 1802 Rutland Ave St., 8-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Raabe.

(a) RESIDENCE NO. 1802 Rutland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Raabe

6 DATE OF BIRTH (month, day, and year) Oct 30, 1873

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	52	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 26

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Salesman

(c) Name of employer Wm. Deiches & Co

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jno. F. Raabe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Fiedler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md.

14 Informant Caroline Raabe

(Address) 1802 N. Rutland Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct. 13.

17

I HEREBY CERTIFY, That I attended deceased from ....., 1923, to Oct 13, 1926

that I last saw h.. alive on Oct 13, 1926,

and that death occurred, on the date stated above, at 2 .....m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Im

(Signed) Hubert Schnapp, M. D.

1926 (Address) 1916 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Park Oct 16 1926

20 UNDERTAKER — ADDRESS

H. Sanks Herbert 847 N. Eutaw St

very important. See instructions on back of certificates.

CITY REGISTRATIONS

Cor.—12-9-25—A Co.—200 Bks.

14959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 ✓

E 14959

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank. Pickett

(a) RESIDENCE NO. 781 Redwood. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Pickett

6 DATE OF BIRTH (month, day, and year) June 20, 1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Carroll Co Md.

PARENTS

10 NAME OF FATHER Geo. Pickett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Catherine Baile

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Helen Pickett

(Address) 1117 Belmar Ave

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mania Hallucinations

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 1 yrs. ..... mos. 1 ds.

(Signed) G C Wades W. D.

Oct 14/26 (Coroner)

(Address) 1453 N Binney

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mayfield Md. Oct 16 1926.

20 UNDERTAKER ADDRESS

Mr. Nuo J. W. Senfel & Son 881 W. Fayette

Very important. See instructions on back of certificate. Exact statement of OCCUPATION necessary to properly classified. Also kind of business and name of employer must be given in all cases.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14960

161-001

E 14960

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital, 27-11 Ward)

2-FULL NAME Anna R. Poehlman

(a) RESIDENCE NO. 2 W. Hamilton Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Oct 3/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER John Poehlman

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Anna Krastle

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant John Poehlman

(Address) 2 W. Hamilton

15 Filed....., 19.... R.L. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Oct 13/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) J. H. Poehlman

(duration) ....yrs. ....mos. ....ds.

(Signed)..... M. D.

(Coroner)

10/15/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakdawn Cemetery — Date of Burial: 10/15 1926

20 UNDERTAKER: George F. Ruth — ADDRESS: 1735 Hanford Ave

Key: Important. See instructions on back of certificate. Exact statement of OCCUPATION is properly classified.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 14961 — 1-PLACE OF DEATH

86-2 187-007

E 14961 — REGISTERED NO.

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward E. Bell.

(a) RESIDENCE NO. 26 E. Spring Ave Raspburg. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXX Rose F. Bell.

6 DATE OF BIRTH (month, day, and year) August 2, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician.

(b) General nature of industry, business, or establishment in which employed (or employer) Pullman Company.

(c) Name of employer 079

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William H. Bell.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Susie Blank.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant Rose F. Bell. (wife)

(Address) 26 E Spring Ave. Raspburg.

15 Filed ..... 19 C. HAMPTON JONES, M. D.

OCT 5 1926

Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skull.
Accidentally struck on the head by a generator of a Pullman car.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Leinbach M. D. (Coroner)

10/13/26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? S. P. O. R. R. Yards at Ostend St. 10/12/26

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Cemetery — Date of Burial Oct 16 1926

20 UNDERTAKER J. J. Cowan & Son, per J. J. Cowan — ADDRESS 901 Hollins St.

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is necessary. Cause should state CAUSE properly classified.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14962

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 14962

Registered No.....

City of BALTIMORE: (No. 5340 Park Heights Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susanna L. Dannettel

(a) Residence No. 5340 Park Heights Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo H Dannettel

6-DATE OF BIRTH (month, day and year) 9-23-1842

7-AGE, 84 yrs. 0 mos. 20 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none

(b) General nature of industry, business, or establishment in which employed (or employer)..... Gen

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER Fred. Klepfisch

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Geo H Dannettel

(Address) 5340 Park Heights Ave

15- Filed ..... 192.. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10-13-1926

17- I HEREBY CERTIFY, That I attended deceased from ....., 1902 to Oct. 13- 1926, that I last saw h[illegible] alive on Oct. 12- 1926 and that death occurred, on the date stated above, at 9 45P m.

The CAUSE OF DEATH* was as follows:

Cerebral Effusion

Senile Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

Heart (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No.

What test confirmed diagnosis? X

(Signed) Eleanor C. Ford M. D.

10-13, 1926 (Address) 1703 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Crem	10-16, 1926
20-UNDERTAKER.	ADDRESS
Jms Chas A Robb	600 Marlborough Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14963

CERTIFICATE OF DEATH.

90 E 14963

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Eden ST. 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Chowters

(a) RESIDENCE No. 920 N. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Edward Chowters

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) 920 Eden St.

15 Filed ..... 19 24 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13/ 1926.

17 I HEREBY CERTIFY, That I attended deceased from 7/27/26, to 10/13/26, that I last saw h[illegible] alive on 10/11/26, and that death occurred, on the date stated above, at 10. A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. T. Newman M. D.

10/14, 19 26 (Address) 920 Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct 16 1926
20 UNDERTAKER	ADDRESS
Virginia A. Brooks	1463 N. Carey

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E_14964

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

161-002

E_14964

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 912 N. Gilmor ST. 16-6 WARD)

2-FULL NAME "Baby" Hawkins

(a) RESIDENCE NO. 912 N. Gilmor ST., ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 14/26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James B. Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Laughlin

13 BIRTHPLACE OF MOTHER (city or town) Greensboro, (State or country) N.C.

14 Informant James B. Hawkins (Address) 912 N. Gilmor St.

15 Filed ... 19 ... Registrar ...

CITY ISSUED ... M. D.

For ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1926, to Oct 14, 1926, that I last saw h[illegible] alive on Oct 14, 1926, and that death occurred, on the date stated above, at 2 35 a m.

The CAUSE OF DEATH* was as follows:

Dystocia

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) J. T. Stephen, M. D.

. 19 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Oct 16 19 26
20 UNDERTAKER Samuel H. Greenberg	ADDRESS 1728 E Baltimore

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14965

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

159-002 E 14965

REGISTERED NO.

CITY OF BALTIMORE: (No. 729 S Decker ave ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Teresa Romecki

(a) RESIDENCE NO. 729 S Decker ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 8 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Romecki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Magdalena Jakszewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr John Romecki
(Address) 729 S Decker ave

15 Filed OCT 15 1926 19 ..... Registrar

C. HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14 1926

17

I HEREBY CERTIFY, That I attended deceased from 9/8, 1926, to 10/14, 1926, that I last saw h[illegible] alive on 10/14, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale and Cardiac Dilatation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Dan'l S Fisher, M. D.

19 26 (Address) 1005 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Oct 15 1926

20 UNDERTAKER ..... ADDRESS

John McVey 1803 Bank

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14966

CERTIFICATE OF DEATH.

90 E 14966

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Carrollton ~~St.~~ Ave WARD)

2-FULL NAME John W. Kines

(a) RESIDENCE No. 506 N. Carrollton ~~St.~~ Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Elizabeth

6 DATE OF BIRTH (month, day, and year) April 21-1845

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant Self

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wm Lanahan & Sons Balto

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Jo G. Lanahan

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Catherine Eyrhardt

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant (Address) Louis. McKim Kines 506 N. Carrollton Ave

15 Filed OCT 15 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14th 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 29th, 1926, to Oct 14th, 1926, that I last saw him alive on Oct 14th, 1926, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) V. VanWilliams M. D.

19 (Address) 601 N. Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Cathedral	10-16-1926
20 UNDERTAKER	ADDRESS 547 N
H C Brauning & Son	Schroder

Items on back of certificates. See instructions on back of certificates. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14967
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

89 E 14967
REGISTERED NO.

City of BALTIMORE: (No. 3906 Fernhill Ave. St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Neuhan

(a) RESIDENCE NO. 3906 Fernhill Ave. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Neuhan

6 DATE OF BIRTH (month, day, and year) Feby. 11th. 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	8	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 066
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Neuhan
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Regina Oppenheim
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Mrs. Leon Fishel,
(Address) 3906 Fernhill Ave

15 Filed ....., 19 .... M. .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13th, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said jury
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

angina pectoris

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) D. T. Thomsen, M. D.
(Coroner)

10/15/26 19 (Address) 1802 Edmonson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Friendship Cem.	Oct. 15 19 26

20 UNDERTAKER Baird Sondheim ADDRESS 118-20 W. Mt. Royal Ave.

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14968

E 14968

CERTIFICATE OF DEATH.

27-11 90

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 208 Forrest, Hamilton ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Franklin Giffin

(a) RESIDENCE No. 208 Forrest Ave Hamilton ST., WARD Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 74 yrs. 2 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of or) WIFE of Louise Giffin

6 DATE OF BIRTH (month, day, and year) Aug 14 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	74	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Giffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant B F Giffin Son

(Address) Same

15 Filed OCT 15 1926, 19.... C. HARRISON JONES, M. D. Registrar

By ....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from May 22 1925, 19.... to Oct 14 1926, 19....,

that I last saw him alive on Oct 13 1926, 19....,

and that death occurred, on the date stated above, at 7.50 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Several
(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Dilitation

(duration) ....yrs. 2 mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ....Date of ....

Was there an autopsy?

What test confirmed diagnosis? Physical Examination

(Signed) [illegible], M. D.

10, 14, 26 (Address) 2724 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 18 1926
20 UNDERTAKER	ADDRESS
[illegible]	108 W. NORTH AVE.

Instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E_14969

CERTIFICATE OF DEATH.

94-901 E_14969

9-2

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 E. 56th Street ST., ... WARD)

2-FULL NAME Frank Phillips

(a) RESIDENCE No. 1112 E. 56th. Street ST., ... WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Carolyn Louise Phillips

6 DATE OF BIRTH (month, day, and year) October-1-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	0	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mfg. and Bottler
(b) General nature of industry, business, or establishment in which employed (or employer) Of Soft Drinks
(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Carolyn Louise Phillips
(Address) 1112 E. 56th. Street

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13/26 92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. S. H. Owen, M. D.
(Coroner.)

Oct 14 26 92 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

1112 E. 56th. Street

Former or usual residence 1112 E. 56th. Street

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Greenmount Cemetery

DATE OF BURIAL October-15-26

20 UNDERTAKER STEWART & OWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

E_14970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E_14970

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Oak ST. 12-2 WARD)

REGISTERED NO. 29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Henry Gorsuch

(a) RESIDENCE NO. 2104 Oak ST., 12 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ? mos. ? ds. How long in U. S., If of foreign birth? 67 yrs. 3 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Keller Gorsuch

6 DATE OF BIRTH (month, day, and year): June-20-1859

7 AGE — Years: 67 — Months: 3 — Days: 24 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe-Manufr

(b) General nature of industry, business, or establishment in which employed (or employer): Shoe Business

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

PARENTS

10 NAME OF FATHER: Carrington Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co. Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Ebaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co. Maryland

14 Informant: Mrs Emma Gorsuch (daughter)

(Address): 2104 Oak St

15 Filed OCT 15 1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 14 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1926, to Oct 14th, 1926.

that I last saw he alive on Oct 13th, 1926,

and that death occurred, on the date stated above, at 7.10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Complete Exam.

(Signed) Geo. W. Mengatroyd III M. D.

(Address) 401 E 20th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Oct 17 1926

20 UNDERTAKER: STUART & MOWER COMPANY (WILLIAM F. WOODER, Successor)

ADDRESS: 108 W. NORTH AVE.

...tement of OCCUPA-
...on back of certificates. ...is very important. See instructions on ba...

Spec—12-23-21—E.B.R.S.—400 Eks.

E 14971 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14971

41

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 200 N. Linwood Ave St., 6th Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Adam Klein

(a) Residence No. 200 N. Linwood Ave St., 6th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie S

6-DATE OF BIRTH (month, day and year) 12-6-1865

7-AGE, 60 yrs. 10 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Martin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) John M. Klein

(Address) 200 N. Linwood Ave

15- Filed 10-14 1926 C. [illegible] JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 13/26

17- I HEREBY CERTIFY, That I attended deceased from Sept 7- 19 26 to Oct 13- 19 26, that I last saw him alive on Oct 13- 19 26, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Streptococcus Vir

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Diphtheria

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab Tests

Signed Oct 14/26 G. C. Blades, M. D.

(Address) 143 N Biren

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Oct 16, 19....

DATE OF BURIAL,

20-UNDERTAKER, Louis Heeman

ADDRESS 325 Broadway

Spec.—1-12-27—M&T—500 Bks.

1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14972

CERTIFICATE OF DEATH.

45 E 14972

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 JOHNS HOPKINS HOSPITAL ST. 5-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Opple

(a) RESIDENCE NO. 413 S. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A Opple

6 DATE OF BIRTH (month, day, and year) Nov. 8 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	54	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrical Crane operator

(b) General nature of industry, business, or establishment in which employed (or employer) 029

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nov. 18. 1872 Md.

PARENTS

10 NAME OF FATHER Michael Opple

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Eliz Seifert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address)

15 Filed ..... 19 ..... Registrar

For .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1926, to Oct. 14, 1926, that I last saw h alive on Oct. 14, 1926 and that death occurred, on the date stated above, at 10 00 A. m.

The CAUSE OF DEATH* was as follows:

The patient had an inoperable Carcinoma of the rectum, which from the symptoms, was of about four months (duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Probable pulmonary embolism (duration) about six hours. yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? yes Date of Oct. 8, 1926 for Carc. of rectum

Was there an autopsy? No

What test confirmed diagnosis? examination at operation

(Signed) Warfield M Ferar, M. D.

, 19 (Address) JHH

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer ~~Woodlawn Cemetery~~	Oct 17 1926
20 UNDERTAKER ~~Hall Funeral Home~~ Opplestone	ADDRESS 373 Penn

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14973

CERTIFICATE OF DEATH.

74-001

E 14973

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 22-2 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Julius

(a) RESIDENCE NO. 45 York st St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	W

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870 Jan. 16.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Nicholas Julius

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Katharine ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant City Hospital Records

(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 14 1926

17

I HEREBY CERTIFY, That I attended deceased from October 13, 1926, to October 14, 1926, that I last saw him alive on October 13, 1926, and that death occurred, on the date stated above, at 1.30 Am.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. 1 d. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

October 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — Date of Burial 10/16 1926

20 UNDERTAKER J. Frew McCully — ADDRESS 130 E. Fort

very important. See instructions on back of certificate. Exact statement of OCCUPATION is properly classified. Exact statement of CAUSE may be

OCT 16 1926 H. BRYCE JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14974

CERTIFICATE OF DEATH.

181-006

E 14974

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 551 Hamilton Terrace St. 11-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura E. Butler

(a) RESIDENCE NO. 551 Hamilton Terrace St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence G. Butler

6 DATE OF BIRTH (month, day, and year): about 1866

7 AGE: Years: about 58. Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Ind.

(State or country)

PARENTS

10 NAME OF FATHER: Emanuel Nagle

11 BIRTHPLACE OF FATHER (city or town): Ind.

(State or country)

12 MAIDEN NAME OF MOTHER: Eliz. Howe

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ind.

14 Informant: Thos. A. Butler

(Address): 5215 St George ave

15 Filed: OCT 5 1926 Registrar: C. HARRISON JONES, M. D. R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 1 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

asphyxiation by gas (gas light)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) accidental

(duration) yrs. mos. ds.

(Signed) J. J. Kennedy M. D.

(Coroner)

10/15, 19 24 (Address) 2802 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hall, Ind. Date of Burial: 10/16 19 24

20 UNDERTAKER: J. J. Moran ADDRESS: 3000 E Baltimore

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14975

REGISTERED NO. E 14975

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Mullahey

(a) RESIDENCE NO. 900 N. Caroline st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....mins
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrotyper

(b) General nature of Industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Mullahey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa

12 MAIDEN NAME OF MOTHER Mary O'Hahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iowa

14 Informant Hospital Records (Address)

15 Filed ..... 19.... Registrar

OCT 5 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14, 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1926, to Oct. 14, 1926, that I last saw him alive on Oct. 14, 1926, and that death occurred, on the date stated above, at 3.07 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Acute edema of lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gatteus, M. D.

10-14-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Interbath Cedarbon	10/18/26
20 UNDERTAKER J. G. Moran	ADDRESS 3 Bac E Baltimore

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. Be properly classified.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14976

CERTIFICATE OF DEATH.

REGISTERED No. E 14976

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (S.B.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Roles or Johnson

(a) RESIDENCE No. 270 Exeter st. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Arthur Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Estelle Gillard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed OCT 15 1926 C. HARRISON JONES, M.D. Per RK, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1926, to Oct. 13, 1926, that I last saw her alive on Oct. 13, 1926, and that death occurred, on the date stated above, at 6.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tb.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous peritonitis.

Subacute interstitial nephritis.

(duration) Unknown. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) W. E. Lattemo. M. D.

10-15-26 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetary	Oct 15 1926
20 UNDERTAKER	ADDRESS
Jos. T. H. Rochester	1410 Jefferson St.

31

THION is very important. See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified.

Spec.—1-12-23—Al 57—500 Bks.

19654

E 14977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

84 E 14977

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 8-W WARD)

2-FULL NAME John P. Fuller

(a) RESIDENCE No. 1603 N. Patterson Park Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 11 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Miller

6 DATE OF BIRTH (month, day, and year) Oct 23/81

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Hecht Bros

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER John P. Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 15 1926, 19 C. VAN JESON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to Oct 15, 1926, that I last saw h~~e~~ alive on Oct 15, 1926 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia, broncho-

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Brain tumor, benign

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Howard C Lee, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem.	10/18 19 26
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14978

E 14978

CERTIFICATE OF DEATH.

REGISTERED NO. 84-003 1885

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St. H-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Robinson

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 dy. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Sing'l

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 35				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baseler 24

(b) General nature of industry, business, or establishment in which employed (or employer) Bay Track

(c) Name of employer Laurel Ind

9 BIRTHPLACE (city or town) Johnsonburg Pa

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Winston Hill

(Address) 5-94 Lemmon St. W.J. City

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Automobile accident

Injuries Laurel Road Track

Ruptured Spleen Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Daniel A Drake M. D.

(Coroner)

, 19 , (Address) 3325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial: Oct 15 1926

20 UNDERTAKER: Samuel Remsey ADDRESS: 578 N Bond

Very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14979

E 14979

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Lenox ST.) 13-6 (WARD) 94

2-FULL NAME Elizabeth Orra Harten.

(a) RESIDENCE NO. 707 Lenox ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed~~, or divorced (or) WIFE of Frank P. Harten

6 DATE OF BIRTH (month, day, and year) July 9, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) St Marys County (State or country) Maryland

PARENTS

10 NAME OF FATHER Marcellus Stone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Jarboe

13 BIRTHPLACE OF MOTHER (city or town) Maryland (State or country)

14 Informant Frank J. Harten

(Address) 225 E. University Parkway

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 19 26

17

I HEREBY CERTIFY, That I attended deceased from Oct 9 , 19 26, to Oct 14 , 19 26, that I last saw h alive on Oct 13 , 19 26, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) W S Gray M. D.

(Address) 607 W. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	10/16 19 26
20 UNDERTAKER	ADDRESS
Henry W Mears & Son	605 N Calvert St

IMPORTANT—Read carefully the instructions on back of certificates. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E_14980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E_14980

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital 179

REGISTERED NO.

CITY OF BALTIMORE: (No. Rayner and Dukeland ST. W-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm McAvoy

(a) RESIDENCE NO. 5 10 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Sept 13 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	50 yrs	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe-cutter

(b) General nature of industry, business, or establishment in which employed (or employer) shoe-making

(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Record (Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/10 . 1926. to 10/14 . 1926.

that I last saw him alive on 10/14 . 1926,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

. 19 (Address) W. B. 9 st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	10/16, 1926
20 UNDERTAKER	**ADDRESS**
Henry W. Spears & Son	8 a. Calvert

IT IS very important. See instructions on back of certificates. Exact statement of OCCUPATION may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

E_14981 HEALTH DEPARTMENT—CITY OF BALTIMORE E_14981

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Joseph's Hospital REGISTERED NO. 161

CITY OF BALTIMORE: (No. Caroline & Aliceanna St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Carroll

(a) RESIDENCE NO. 11 West Fayette St., WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/14/26.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.
		7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Joseph's Hospital

PARENTS

10 NAME OF FATHER John Edward Carroll

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Agnes Malloy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Hospital Record (Address)

15 Filed OCT 15 1926 19... Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/13/26, 1926, to 10/14/26, 19 26, that I last saw her alive on 10/14/26, 1926 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Icterus

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Abdominal Surgery

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) H. R. McCaskill, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	10/15 1926
20 UNDERTAKER	ADDRESS
Henry W. Myers & Son	805 N. Eutaw

IMPORTANT is very important. See instructions on back of certificates. Exact statement of OCCUPATION may be properly classified. Exact statement of CAUSE OF DEATH so that it may be properly classified.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14982

CERTIFICATE OF DEATH.

REGISTERED NO. E 14982

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1715 N. Washington St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Johnson

(a) RESIDENCE. No. 1715 N. Washington St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edw. M. Johnson

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years: about 74 years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lonaconing Md

PARENTS

10 NAME OF FATHER: Daniel Crockett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Deals Island Md.

12 MAIDEN NAME OF MOTHER: Sarah Fitzgerald

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Deal Island Md

14 Informant (Address): Mrs Frank Young 1715 N. Washington St

15 Filed [illegible] 19 [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/14 19 26

17

I HEREBY CERTIFY, That I attended deceased from Oct 2 6, 19 26, to Oct 14, 19 26

that I last saw h[illegible] alive on Oct 13, 19 26

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast -

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? — Yes

(Signed) [illegible] M. D.

19 (Address) 6 E. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Oct 16 1926

20 UNDERTAKER: Mary A Gaulfield ADDRESS: 2839 Ravenwood Ave

FEB 19 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14983

CERTIFICATE OF DEATH.

31

E 14983

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 726 Nth Monroe St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest F. Allison

(a) RESIDENCE NO. 726 Nth Monroe St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie B

6 DATE OF BIRTH (month, day, and year): July 20th 1871

7 AGE: Years 55 | Months 8 | Days 22 | IF LESS than 1 day.....hrs. or.....min. 23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Metal

(b) General nature of industry, business, or establishment in which employed (or employer): Worker

(c) Name of employer: Self

9 BIRTHPLACE (city or town)

(State or country): Virginia

PARENTS

10 NAME OF FATHER: Wm W. Allison

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Fannie B Wright

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Virginia

14 Informant: Wm C Allison

(Address): 726 N. Monroe

15 Filed....., 19 ... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 13th 1916

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1916 to Oct 13 1916, that I last saw him alive on Oct 13 1916, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Is Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings & X ray

(Signed) Geo G Wise, M. D.

. 19 (Address) 1040 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial 10/15 1916

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E Mulb

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Arrive 1109 — Dr Kennard 708 Eutaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14984 — 129 — E 14984

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5418 Longwil Ave ST. 27th WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian I Shanklin

(a) RESIDENCE No. 5418 Longwil ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E Shanklin

6 DATE OF BIRTH (month, day, and year) Dec 1. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	70	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William H Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Sarah E Prince

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Jamund H. Porter
(Address) 5418 Longwil Ave

15 Filed ....., 19 ..... Registrar
By .....

OCT 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1926, to Oct 14, 1926.
that I last saw h.. alive on Oct 14, 1926.
and that death occurred, on the date stated above, at 1200 m.
The CAUSE OF DEATH* was as follows:

Apoplexy (duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Positive

(Signed) Dr GW Kennard, M. D.

10-14-26 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	Oct 16 1926
20 UNDERTAKER	ADDRESS
W. H. Cook	502 E Baltimore

IF IS very important. See instructions on back of certificates.

Spec. 12-23-21—E.B.R.S.—400 Bks.

E 14985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14985

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 16-7 16 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Monroe

(a) Residence No. 1639 W. Lanvale St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 3 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced, (Write the word.) Infant.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Oct. 13

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, 3 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town), Baltimore (State or Country), Maryland.

PARENTS.

10-NAME OF FATHER, Nunie Nickens

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Margaret Monroe

13-BIRTHPLACE OF MOTHER (city or town) Baltimore (State or Country), Maryland

14- (Informant) Margaret Monroe (Address) 1639 W. Lanvale

15- Filed ..... C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 14, 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1926, to Oct. 14, 1926, that I last saw her alive on Oct. 14, 1926, and that death occurred, on the date stated above, at 12:35 a. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

3 hours.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Unknown.

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Margaret B. Ballard M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND DATE OF BURIAL OCT 1 1926, 19....

20-UNDERTAKER. Commissioner Health. ADDRESS

Per. Wm. F. WOODALL.

0721

Spec—12-23-21—E.B.R.S.—400 Bks.

E 14986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Loudred & Greene St., 21-3 Ward)

Registered No. 61-901

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Marco #1 Twin

(a) Residence No. 883 Clifford St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 10-9-26

7-AGE, ...yrs....mos. 3 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work....Baby Boy

(b) General nature of industry, business, or establishment in which employed (or employer)....

(c) Name of employer....

9-BIRTHPLACE (city or town) Balto Md (State or Country),

PARENTS.

10-NAME OF FATHER, John Marco

11-BIRTHPLACE OF FATHER (city or town) Africa (State or Country),

12-MAIDEN NAME OF MOTHER, Kennetta Young

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

14-

(Informant)....

(Address)....

15-

Filed OCT 5 1926 19...

C. HAMPSON JONES, M. D. Registrar.

0722

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10-12-26

17- I HEREBY CERTIFY, That I attended deceased from 10-9, 1926, to 10-12, 1926

that I last saw him alive on 10-12, 1926,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Maternal Nephritis)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congital atelectasis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ernest E. Dodge M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, DATE OF BURIAL, OCT 11 1926

20-UNDERTAKER, ADDRESS

Commissioner Health.

Penalty for making false statements or for failure to file certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14987

CERTIFICATE OF DEATH.

146

E 14987

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 46-6 Ward)

2-FULL NAME Esther Benedetto

(a) RESIDENCE NO. 207 S. Eighth St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Benedetto

6 DATE OF BIRTH (month, day, and year): Dec. 21-1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
31	32	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Italy

(State or country)

PARENTS

10 NAME OF FATHER: Ernest Ranfle Buondonno

11 BIRTHPLACE OF FATHER (city or town): Italy

(State or country)

12 MAIDEN NAME OF MOTHER: Florence Victoria

13 BIRTHPLACE OF MOTHER (city or town): Italy

(State or country)

14 Informant: Joseph Benedetto

(Address) 207 S. Eighth St.

15 Filed Oct 13 1926, 19 at A. M. C. CLARKSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an M Ennis (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said M Ennis (Inquest, autopsy or inquiry.) find that said deceased came to Lis death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Septicaemia

about 9 days

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

Dont Rec'd (duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. F. Riley M. D.

(Coroner)

Oct 13 1926 (Address) 1039 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 2 days about yrs.. mos.. ds. State of the yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. Date of Burial Oct. 16 1926

20 UNDERTAKER: Lilley & Riley ADDRESS 403 S Wolfe St.

OR DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 14988 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14988

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Calhoun ST. 16-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Jett Edwards

(a) RESIDENCE NO. 613 N. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Coombs Edwards

6 DATE OF BIRTH (month, day, and year) July 21, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Redville Va.

PARENTS

10 NAME OF FATHER Thos. A. Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Redville Va.

12 MAIDEN NAME OF MOTHER Elizabeth Jett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Redville Va.

14 Informant Thomas M Edwards

(Address) 406 Harlem ave

15 Filed OCT 15 1926 C. CAMPBELL JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926. to Oct 14, 1926.

that I last saw him alive on Oct 14, 1926,

and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chr Tubular

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Urine Blood Chemistry

(Signed) E. H. Dowdell, M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Falls Church Va

DATE OF BURIAL Oct 17 1926

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

TION is very important. See instructions on back of certificates. may be properly classified. Exact statement of O

Spec.—1-12-23—M&T—500 Blks.

19 E 14989 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14989

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie Teets

(a) RESIDENCE No. Box 502 Fairchance ST., Pa. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin L Teets

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 59. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va.

PARENTS

10 NAME OF FATHER: Aaron Freeland

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va

12 MAIDEN NAME OF MOTHER: Jane Foren

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 5 1926 C. HAMPSON JONES, M. D. Registrar

Per Rpk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9 1926, to Oct. 14, 1926, that I last saw her alive on Oct 14, 1926 and that death occurred, on the date stated above, at 11 05 P. m.

The CAUSE OF DEATH* was as follows:

Scleroderma.

Myocardial Insufficiency

(duration) 2 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-Ray. Electrocardiogram

(Signed) E Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Terra alto W Va

DATE OF BURIAL: 10/15/26

20 UNDERTAKER: Joseph ahrens

ADDRESS: 22 Bway

Instructions on back of certificates. See instructions on back of certificates. Exact statement of OCCUPATION very important.

Spec.—1-10-21—M&T—1500 Bks.

E 14990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 14990

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 Southern ave ST. 27-13 WARD)

REGISTERED NO. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unnamed Baby Chaney.

(a) RESIDENCE NO. 36 Southern ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 14-1926

7 AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Geo. W. Chaney

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Schaub

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Geo. W. Chaney

(Address) 36 Southern ave

15 Filed 5 1926, 19 — Registrar C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1926, to Oct. 15, 1926, that I last saw him alive on Oct. 14, 1926, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:—

Premature birth

(duration) yrs. ✓ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden M. D.

10/15/1926 (Address) 1216 E. Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL Oct 16 1926

20 UNDERTAKER Geo M. Fink & Son ADDRESS 811 N. Howard

TION is very important. See instructions on back of certificates. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. ... and state

Cor.—12-9-25—A Co.—200 Bks.

E 14991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14991

CERTIFICATE OF DEATH.

111-00

1-PLACE OF DEATH

City of BALTIMORE: (No 4130 Forest Park Ave. St. 28 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leon X. Brady

(a) RESIDENCE NO. 4130 Forest Park Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of WIFE of Alberta R. Brady

6 DATE OF BIRTH (month, day, and year) March 30th. 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	36	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Assistant Production Manager

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer Mfgs. Finance Co.

9 BIRTHPLACE (city or town)_____ (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Brady

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Sallie Gringinger

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs. Alberta R. Brady

(Address) 4130 Forest Park Ave.

15 Filed 10/14 19 24 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 16 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage due to rupture of gastric ulcer

(duration) ....yrs. ....mos. 1 ....ds.

CONTRIBUTORY (Secondary) Gastric ulcer Probably

(duration) ....yrs. 4 ....mos. ....ds.

(Signed) J. T. Hennessy M. D. (Coroner)

10/14 19 24 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral Cemetery	10/16 19 24
20 UNDERTAKER	ADDRESS
Thos. J. Evans & Son	118 N. Paca St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14992

E 14992

CERTIFICATE OF DEATH.

1187-001

1-PLACE OF DEATH

City of BALTIMORE: (Union Memorial St., 12 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F. Gaitley

(a) RESIDENCE NO. 3400 Clifton ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Michael Gaitley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Conlon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto.

14 Informant Margt Keating

(Address) 3400 Clifton Ave

15 Filed.....19.. C. HAMPSON JONES, M. D.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull

Falling through Elevators hoist at Filtration Plant (entry)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) John J. Morrissey M. D.

(Profession)

10/13, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cathedral Cem.	Oct 16 1926

20 UNDERTAKER	ADDRESS
Fred A. Hoover & Son	703 Hanover St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 14993

HEALTH DEPARTMENT—CITY OF BALTIMORE

113 E 14993

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 933 Park Av St., 11-7 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Herman Roberson

(a) RESIDENCE NO. 933 Park Av St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 13 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER James H Roberson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mamie G Chase

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Mamie G. Roberson

(Address) 933 Park Ave

15 Filed_____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1926

17

"I HEREBY CERTIFY, That I attended deceased from Oct 6, 1926, to Oct 15, 1926, that I last saw h.. alive on Oct 14, 1926, and that death occurred, on the date stated above, at 12.05 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia (Primary)

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Frey, M. D.

10/18, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem Date of Burial Oct 20 26

20 UNDERTAKER Samuel Stanley ADDRESS 1 E Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Spec.—1-12-26—M&T—500 Bks.

19649

E 14994 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14994

CERTIFICATE OF DEATH.

71-1 71-60

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John McCready

(a) RESIDENCE No. 508 Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March - 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (old)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER James McCready

11 BIRTHPLACE OF FATHER (city or town) Ind
(State or country)

12 MAIDEN NAME OF MOTHER Cora Smith

13 BIRTHPLACE OF MOTHER (city or town) Ind
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

T16 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 12, 1926 to Oct 14, 1926.

that I last saw h alive on Oct 14, 1926

and that death occurred, on the date stated above, at 6 50 a.m

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar Puncture

(Signed) Mary W Cassard, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rohrer Cem	Oct 16 1926
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans St.

IMPORTANT See instructions on back of certificates. Exact statement of OCCUPATION is very important and if it may be properly classified.

Spec.—1-12-23—M&T—500 Bks.

1926 E 14995 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14995

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 4-1 WARD)

REGISTERED NO. 1594

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Whitelock Guess

(a) RESIDENCE NO. 437 N. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-25-26

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
		2 weeks	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Alma Guess

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1926, to Oct. 14, 1926, that I last saw h e alive on Oct. 14, 1926 and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

a Cleft Palate

(duration) yrs. mos 16 ds

CONTRIBUTORY (Secondary) Pneumonia, bronchopneumonia

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Path

(Signed) Thomas B. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL

OCT 15 1926

IMPORTANT See instructions on back of certificates. Exact statement of OCCUPATION is very important

Spec.—1-12-23—M&T—500 Blks. Dr Hubert 2220 Garrison Ave

E 14996 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 14996

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Chelsea Terrace ST., 15-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bridget F. Gorman

(a) RESIDENCE NO. 2112 Chelsea Terrace ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick F. Gorman

6 DATE OF BIRTH (month, day, and year) 3 3 1832

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or..... min.
	94			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Grant Minier

(Address) 2112 Chelsea Terrace

15 Filed OCT 16 1926 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Oct 14, 1926

that I last saw her alive on Oct 13, 1926

and that death occurred, on the date stated above, at 11 28 m.

The CAUSE OF DEATH* was as follows:

arteris-sclerosis - High blood pressure - Myocarditis.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage + paralysis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S Hubert, M. D.

Oct 16 1926 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mourly, N.Y.	Oct 16 1926
20 UNDERTAKER	ADDRESS
Wm. Cook	502 E North Ave

TION is very important. See instructions on back of certificates. ...that it may be properly classified. Exact statement of OCCUPA-

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14997

CERTIFICATE OF DEATH.

90 E 14997

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1035 E. Eutaw St. St. 11-1 Ward)

2-FULL NAME Margaret Burke

(a) RESIDENCE NO. 1035 E. Eutaw St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Burke

6 DATE OF BIRTH (month, day, and year) about 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 570

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs. Gibson

(Address) 607 School St.

15 Filed OCT 6 1925 19 H. A. Mencken Jones M.D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) no other trouble

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) C. J. Pelham M. D.

(Coroner)

Oct 5, 19 24 (Address) 1015 W. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem. Date of Burial 10-8 1926

20 UNDERTAKER Roger T. A. Gibson ADDRESS 1733 Pratt Ave

IMPORTANT—Every item of information required by this certificate should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14998

CERTIFICATE OF DEATH.

159

E 14998

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1001 Forest St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Rayner

(a) RESIDENCE NO. 1001 Forest St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct 15 '26

7 AGE — Years | Months | Days | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Harry J Rayner

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Florence A. Burgard

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Harry J Rayner

(Address): 1001 Forest Road

15 Filed ... 19 ... C. THOMPSON JONES, M. D.

Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1926 to Oct 16, 1926

that I last saw h. alive on Oct 15, 1926

and that death occurred, on the date stated above, at 6 — m.

The CAUSE OF DEATH* was as follows:

Debility

Foramen Ovale not closed

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) C. L. Farr M. D.

, 19 (Address) 2704 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Cross Harford Rd Oct. 16 1926

20 UNDERTAKER — ADDRESS

Elmer W. Conklin 2442 E. Eager

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14999

CERTIFICATE OF DEATH.

90 E 14999

REGISTERED NO._____

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No._____ St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Pugh

(a) RESIDENCE NO. 209 Hyman Ave, Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie H. Pugh (nee Hairs)

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER William Pugh.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Wright

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Lottie H. Pugh.

(Address) 209 Hyman Ave

15 Filed C. A. [illegible] JONES M. D. Registrar

6 1926 Per RPA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13 1926

17 I HEREBY CERTIFY, That I attended deceased from August 30 1926, to Oct. 13, 1926, that I last saw h[illegible] alive on Oct 13, 1926 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Hypertension - Essential

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

Influenza Pneumonia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis? .....

(Signed) R. Fleming, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Dell Date of Burial: Oct 16 19 26

20 UNDERTAKER: Harry H. Leitzke ADDRESS: 2531 W. Lombard St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 15000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 15000

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 N. Fulton Ave St., 20-5 Ward)

2-FULL NAME Miss Mary M. Crouch.

(a) RESIDENCE NO. Home for Aged of the M.E. Church Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Dec. 7 - 1837

7 AGE — Years: 88 — Months: 10 — Days: 8 — IF LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer:

9 BIRTHPLACE (city or town) Elkton Maryland

(State or country)

PARENTS

10 NAME OF FATHER Isaac Crouch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Elkton Md.

12 MAIDEN NAME OF MOTHER Margaret Buchanan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Elkton Maryland

14 Informant Mrs B F Russell

(Address) 402 N Fulton ave

15 Filed 1926 C. HARRISON JONES, M. D.

Per RFF Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 October 15 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from October 7th 1926, to October 15, 1926.

that I last saw h... alive on October 14, 1926.

and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ✓ yrs. ✓ mos. 8 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Gross methods

(Signed) George E Shannon, M. D.

10/15 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — Date of Burial: Oct 18 1926

20 UNDERTAKER: George J Smith — ADDRESS: 1532 Hollins

OF DEATH in plain terms, so that it may be very important. See instructions on back of

Form 1971 MAY 1500 Bks

E 15001

(Duncan)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15001

CERTIFICATE OF DEATH.

REGISTERED NO. 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dotson

(a) RESIDENCE NO. 1619 No. Dallas St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant W. B. G. Hospital (Address)

15 Filed OCT 16 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13/1926

17 I HEREBY CERTIFY, That I attended deceased from 10/9, 1926, to 10/13, 1926

that I last saw him alive on 10/13, 1926

and that death occurred, on the date stated above, at 10 10 p.m.

The CAUSE OF DEATH* was as follows:

Cellulitis of neck

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Tertiary Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 10/9/26

Was there an autopsy? No

What test confirmed diagnosis? Appearance

(Signed) Arnold H. Jennings M. D.

10/13 1926 (Address) 1619 E. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	10/16/26
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1725 Eastland Av

mation should be carefully supplied, so that it may be properly classified.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec. 1-16-21 M&T 1500 Blks.

E 15002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15002

CERTIFICATE OF DEATH.

3 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (C.H.) ST., 9-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Goldstan (Gholston)

(a) RESIDENCE NO. 1816 Eager st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced BUSBAND of (or) WIFE of Leonard Goldston

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Davis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... C. THOMSON JONES, M. D. Registrar

Per .....

OCT 16 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1926, to Oct. 14, 1926,

that I last saw her alive on Oct. 15, 1926,

and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gatturn M. D.

10-15-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	10/18/26
20 UNDERTAKER Mrs. R. C. Elliott	ADDRESS 1725 Arlington

N. B.—WRITE PLAINLY. All information should be carefully supplied. Ages CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15003 ✓ 90 E 15003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hurst Hill ave Between Hurst and Custom House Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Winder

(a) RESIDENCE NO. 2230 Hurst Hill ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	Color	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emelia Winder

6 DATE OF BIRTH (month, day, and year) Aug 19 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 040

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Henry Winder

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address) Estelle Winder 2230 Hurst Hill ave.

15 Filed OCT 16 1925 C. HARRISON JONES, Registrar

Per DRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 14 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Contributory

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

19 (Address) 2801 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn — Date of Burial 10/18 1925

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1725 Ashland Ave

N. B.—WRITE PLAINLY, WITH INK. All questions should be answered. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

E, 15004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15004

CERTIFICATE OF DEATH.

100-001

Registered No. 19-1

1-PLACE OF DEATH

City of BALTIMORE: (No. 1718 W Lexington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Blow.

(a) Residence No. 1718 W Lexington St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, Divorced (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Blow.

6-DATE OF BIRTH (month, day and year) dont Know Oct 11-

7-AGE. 43 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home duties 37

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Maryland -

PARENTS.

10-NAME OF FATHER, dont Know.

11-BIRTHPLACE OF FATHER (city or town) (State or Country), dont Know

12-MAIDEN NAME OF MOTHER, dont Know.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), dont Know

14- (Informant) Mrs Carrie Carter

(Address) Newport News Va

15- Filed, 1926 C. HAMPSON JONES, M. D. Registrar.

OCT 16 1926

Per RKA

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 14. 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept. 28 1926 to Oct 14 1926

that I last saw her alive on Oct 14 1926

and that death occurred, on the date stated above, at 10 40 pm

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Ascites

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO-

What test confirmed diagnosis? Clinical

Oct 16 1926 (Signed) M. B. Fridinger M D

(Address) 662 Wash. Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Pungatuc Va. DATE OF BURIAL. Oct 17 1926

20-UNDERTAKER. A L Brown & Son ADDRESS 10 W. Mondy

Beds Shine

Exact statement of cause of death should be carefully supplied. Abbreviations not to be used. Each item should be properly classified. Entries should be made in plain terms, so that it may be properly classified. Consult instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

E, 15005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15005

15-13 3/

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Baltimore City Hospitals (U.S.) ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lila Green (Herriott)

(a) RESIDENCE NO. 1340 Woodyear st. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of Industry, business, or establishment in which employed (or employer) 0 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Wm. Herriott

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Eliza Small

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records (Address)

15 Filed ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 24, 19 26, to Oct. 14, 19 26,

that I last saw h.... alive on Oct. 14, 19 26,

and that death occurred, on the date stated above, at 6.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous peritonitis

Tuberculous enteritis.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Fallues M. D.

10-15-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Oct 16 1926
20 UNDERTAKER	ADDRESS
Wm. Jas H. Dennis per T. G. Kusm	1303 Pressman

B.—WRITE PLAINLY. All information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Extra Statements TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15006

E 15006

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH
CITY OF BALTIMORE, (No. Hula Rd. & B x O. Bridge St. 6-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Chambers

(a) RESIDENCE No. City Hospital ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	b	M Wd

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) O+O
(c) Name of employer

9 BIRTHPLACE (city or town) ...
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14
Informant
(Address)

15 Filed ... 192
0730 Per IRH Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. MENTION IMMEDIATE CAUSE OF DEATH IN EACH CASE. THE MORBID CONDITIONS GIVING RISE TO IMMEDIATE CAUSE, AND THE ANTECEDENT CAUSE OR CONDITION, IF ANY, GIVING RISE TO THE MORBID CONDITIONS. THE DURATION OF EACH MUST BE STATED. INFORMATION IN REGARD TO CONTRIBUTORY CAUSES WHICH DO NOT DIRECTLY RESULT IN DEATH, BUT WHICH MAY HAVE ASSISTED IN PRODUCING IT, IS VERY IMPORTANT

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

6 per Cent Asphyxia (Trauma Sand Pit)
(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) ... yrs. ... mos. 1 ds.

(Signed) F. C. Blades, M. D.
10/26 19... (Address) 1430 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 10/21/26

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 192

20 UNDERTAKER Daniel Easton — ADDRESS

OCT 1926 C. THOMPSON JONES, M. D.

Cor.—1-12-23—M&T—100 Bks.

E, 15007.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15007

CERTIFICATE OF DEATH.

1926

1-PLACE OF DEATH Bay Gen Hosp. 4-1

CITY OF BALTIMORE (No. 1 St.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H Darko

(a) RESIDENCE No. 4447 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Not Known.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O H O
(c) Name of employer

9 BIRTHPLACE (city or town) —
(State or country) —

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant
(Address)

15 Filed OCT 6 1926, 192 C. THOMPSON JONES, M. D. Registrar
Per
0734 THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon; and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple fractures of Gun Shot wound

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. ds.

Signed Oct 15 1926 G. Clinton Black, M. D.
(Coroner)
(Address) 1436 Bway

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Statement that patient "died of heart failure" or "died of old age" is not sufficient. Specific name of disease must be given. Where there is a contributory cause of death, it should be stated. Where there is a complication of diseases, the primary cause of death must be given. Where there is a violent death, the nature of injury must be stated. Where death is due to external cause, the accident, suicide or homicide must be reported to the Coroner. Where death is due to a violent cause, the Coroner must be notified before a certificate is issued. Where death is due to a violent cause, the Coroner must be notified before a certificate is issued. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E, 15008

(See ~~letter~~ in file from J. H. Hammond MD on @ el 30 1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15008

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH In front of 223 N. Bruce St., 19-2 Ward

City of BALTIMORE: (No. ~~1101 Eastland~~ St.,

2-FULL NAME John Hammond

(a) RESIDENCE NO. 223 N. Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about 35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of Indnstry, business, or estnblishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) North Carolina

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town)
(State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed 19 Registrar

0732

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) no Finger

(duration) yrs. mos. ds.

(Signed) C. H. Reinecke M. D.
(Coroner)

19 (Address) 2502 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bay View Date of Burial 11/1/26 19

ADDRESS

20 UNDERTAKER JOHNS HOPKINS HOSPITAL

Kate Williams 322 N Edwards St

OCT 1923

N. B.—WRITE PLAINLY, with unfading ink. AGE should be stated EXACTLY. Information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. See instructions on back of certificate. Every item is very important.

Spec.—12-9-25—A Co.—200 Bks.

E. 15009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15009

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. [illegible] St. No 7 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Bentz

(a) RESIDENCE NO. Bergen Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
86	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) ?

14 Informant City Hospitals Records

(Address) [illegible]

15 Filed [illegible], 1926 C. HARRISON JONES, M. D.

Per [illegible] Registrar

0727

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to October 12, 1926, that I last saw h[illegible] alive on October 10, 1926, and that death occurred, on the date stated above, at 5:30 A.m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Chronic Myocarditis

Senility

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & Laboratory

(Signed) G. Harper Small, M. D.

Oct 16 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND Date of Burial 19 OCT 16 1926

20 UNDERTAKER [illegible] ADDRESS Commissioner Health

Filed [illegible] 1926

Please write plainly. Exact statement of facts should be carefully supplied. Any [illegible] properly classified. Exact statement of facts should be carefully supplied. Any [illegible] OF DEATH in plain terms, so that it may be properly classified. Exact statement of facts should be carefully supplied. Any [illegible] very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 15010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 15010

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St. 76-7 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Lomks

(a) RESIDENCE NO. _____ St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fish Peddler

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) St Mary's County, Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) ?

14 Informant City Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

0708

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to October 11, 1926, that I last saw him alive on October 9, 1926, and that death occurred, on the date stated above, at 3.15 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis, Hypertension

Visceral left Hemiplegia

(duration) ? yrs. mos. ds.

CONTRIBUTORY Cerebral Haemorrhage

(Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? general e laboratory

(Signed) G Boopu Lamb, M. D.

10/14/19 26 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial OCT 15 1926

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

N. B. ... tion should be carefully supplied. ... OF DEATH in plain terms, so that it may be properly ... very important. See instructions on back of certificates.

... classified. Exact statement of ... dates.

Spec.—1-12-23—MAT—100 blks.

E 15011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15011

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

2-FULL NAME Norman Parson

(a) RESIDENCE NO. 1627 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 25 - 25

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Benj. Parson

11 BIRTHPLACE OF FATHER (city or town) S Ca
(State or country)

12 MAIDEN NAME OF MOTHER Allie Fuller

13 BIRTHPLACE OF MOTHER (city or town) S Ca
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1926, to Oct. 15, 1926, that I last saw h[illegible] alive on Oct. 15, 1926 and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Meningococcus Meningitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia Broncho,

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar Puncture

(Signed) Thos. W. Cornwall, M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Oct 16 1926
20 UNDERTAKER John H. Soadner	ADDRESS 1027 Druid Hill

CAUSE OF DEATH to print items ... TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E, 15012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15012

CERTIFICATE OF DEATH.

74-001

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 Lisbon Mount St 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Ross

(a) RESIDENCE NO. 709 Lisbon Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel Ross

6 DATE OF BIRTH (month, day, and year): Feb 18 [illegible]

7 AGE: Years 50 Months 8 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm Ross

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Eliz Roper

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant

(Address)

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 14 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) no other cause

(duration) yrs. mos. ds.

(Signed) J. T. Nelson M. D.

(Coroner)

, 19 (Address) 2807 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial Oct 16 1926

20 UNDERTAKER: John H. Trader ADDRESS 1027 Hanover

Cor.—12-9-25—A Co.—200 Bks.

E, 15012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 Lisbon Mount St 11 Ward)

2-FULL NAME Wm. Ross

(a) RESIDENCE NO. 709 Lisbon Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel Ross

6 DATE OF BIRTH (month, day, and year): Feb 18 [illegible]

7 AGE: Years 50 Months 8 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm Ross

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Eliz Roper

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant

(Address)

15 Filed 19 Registrar

tion should be carefully supplied. Any ... OF DEATH in plain terms, so that it may be pro... very important. See instructions on back of cert...

Spec.—1-12-23—M&T—500 Blks.

E. 15013

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15013

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Stephens

(a) RESIDENCE NO. 38 West Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. dt.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ the Late. Hannah L. Stephens

6 DATE OF BIRTH (month, day, and year) 1870[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegrapher

(b) General nature of industry, business, or establishment in which employed (or employer) 0/3

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stephens.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Hannah Noonan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Edwin A. Stephens. (Address) 416 W. Mulberry St

15 Filed [illegible] 19[illegible] C. THAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16th 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 11th, 1926, to Oct 16th, 1926, that I last saw him alive on Oct 16th, 1926, and that death occurred, on the date stated above, at 4.10 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertension V Chronic Nephritis & uremia advanced Arteriosclerosis—

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted Sudden illness If not at place of death? Office or home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms V Laboratory

(Signed) M. B. Hendrix, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Oct. 19 1926

20 UNDERTAKER Martin Fahey & Sons. — ADDRESS 1827 W. North Ave.

CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E, 15014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

147

E, 15014

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 E. North Ave ST. 17-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary A. McGraw

(a) RESIDENCE NO. 408 E. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Late) John V. McGraw.

6 DATE OF BIRTH (month, day, and year) April 18th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	61	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home - House work

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Michael J. McGrath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Bridget Enright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Flo. Jenkins. (Address) 408 E. North Ave.

15 Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1924, to Oct 14, 1926.

that I last saw her alive on Oct 14, 1926

and that death occurred, on the date stated above, at 7 15 p m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Cancer of Breast

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald F. Tonry, M. D.

10/15 1926 (Address) 414 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Oct 18 1926
20 UNDERTAKER	ADDRESS
Mary M. Wiedefeld	501 E 22nd

mation should be carefully supplied, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

T16 1926 C. JAMESON JONES, M. D.

Spec.—1-12-23—M&T—500 Bks.

5'015

E 15015

1-PLACE OF DEATH

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+118-002

E 15015

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. University Hospital ST., 4-1 WARD)

2-FULL NAME Mary Chase

(a) RESIDENCE NO. Westminster Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) 021

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Salem Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriett Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) University Hosp Records.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

OCT 7 1926 Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926, to Oct 16, 1926, that I last saw her alive on Oct 16, 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Diverticulitis. Peritonitis.
Intestinal obstruction

2 weeks (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Toxemia

same (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Oct. 9 1926

Was there an autopsy? No

What test confirmed diagnosis? Phy. Exam. Operation.

(Signed) Dwight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Md	10/19 1926
20 UNDERTAKER H Bankard & Sons	ADDRESS Westminster

CAUSE OF DEATH: The primary cause of death must be certified. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

Dr Margaitroyd 327 Bosley

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15016

E 15016

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 Roselawn Ave ST. 27-1 WARD)

2-FULL NAME Alexander R Demarest

(a) RESIDENCE NO. 327 Roselawn Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace E Demarest

6 DATE OF BIRTH (month, day, and year) Jan 31, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	53	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer P. R. R.

9 BIRTHPLACE (city or town) York
(State or country) Penna

PARENTS

10 NAME OF FATHER George W Demarest

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Mary A Hazlett

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N J

14 Informant Grace Demarest
(Address) 327 Roselawn Ave

15 Filed ..... 19 ..... Registrar
By .....

CT 17 1926

CAUSE OF DEATH must be plain (without abbreviations) and in full. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1926, to Oct 14 1926.

that I last saw h... alive on Oct 14 1926,

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Jno W Murgatroyd M. D.

10/16 1926 (Address) 401 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Oct 18 1926

20 UNDERTAKER Wm. Cook

ADDRESS 50 Eutaw

Spec.—1-12-23—M&T—500 Bks.

Dallas, 28 N 25th St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31.

E_15017

REGISTERED NO. E_15017

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Fawcett St. 12-2 WARD)

2-FULL NAME Sarah C Ruby

(a) RESIDENCE NO. 406 Fawcett ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	N.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amos A Ruby

6 DATE OF BIRTH (month, day, and year) Oct 11, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lois Swartz
(Address) 406 Fawcett St

15 Filed ..... 19 .....

OCT 17 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1926, to Oct 16th, 1926, that I last saw h[illegible] alive on Oct 15th, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary abcess

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Probably Pneumonia

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) George H Cross, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary, Hamilton	Oct 18 1926

20 UNDERTAKER Wm C Cook

ADDRESS 502 E Hoffman

CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificates. TION is very important.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. E 15018

E 15018 PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. _____ St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Spicer

(a) RESIDENCE NO. 1807 Eutaw St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, ~~or Divorced~~, (write the word): Divorced

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Richmond

6 DATE OF BIRTH (month, day, and year): Jan 29, 1853

7 AGE: Years 73; Months 8; Days 21; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Officer, Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 061

(c) Name of employer: Balto Policeman

9 BIRTHPLACE (city or town) _____ (State or country) Maryland

PARENTS

10 NAME OF FATHER: Herbert S. Spicer

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) unknown

14 Informant: Herbert C. Spicer (Address) 811 E. 22nd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1926, to Oct 16, 1926, that I last saw h.. alive on Oct 16, 1926, and that death occurred, on the date stated above, at 3 30 p.m.

The CAUSE OF DEATH* was as follows: Acute Retention - Hypertrophied Prostate

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Chronic Nephritis - Uraemia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of Oct 3 - 26

Was there an autopsy? _____

What test confirmed diagnosis? Physical findings

(Signed) P. Smith, M. D.

, 19 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Oct 18 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

(1) Certificate should be carefully supplied. AGE should be given in every case. If DEATH occurred in a hospital or institution, the PLACE OF RESIDENCE should be stated. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15019
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

113

E 15019
Registered No. C.....

City of BALTIMORE: (No. 1501 N. Saratoga St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME... Lucille Matthews

(Residence in Baltimore: No. 1501 N. Saratoga St.; yrs. 1 mos. 12 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Colo	Single

6-DATE OF BIRTH. Sept 4 1926
(Month) (Day) (Year)

7-AGE. — yrs. 1 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Linwood Matthews

11-BIRTHPLACE OF FATHER. (State or Country). Md

12-MAIDEN NAME OF MOTHER. Cora Turpin

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Linwood Matthews

(Address) 1501 N. Saratoga St

15-
Filed OCT 7 1926 19.. C. [illegible] Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 16 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and thereon and from the evidence obtained by said Inquest, and from other sources find that said deceased came to death from Intestinal Indigestion on the day stated above.

The CAUSE OF DEATH* was as follows:

(Duration) — yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary) —

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Horton M. D.

Oct 16 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt Zion Cem	Oct 17 1926

20-UNDERTAKER.	ADDRESS
Sam H Condon	1400 Mosher

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. E 15020

E 15020

1-PLACE OF DEATH

City of BALTIMORE: (No. 2215 Whittier ave St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Ephrian Hecker

(Residence in Baltimore: No. 2215 Whittier ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1855 (Year)

7-AGE. 71 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Butcher 013
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER, (State or Country) Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Freida Hecker

(Address) 2215 Whittier ave

15- C. EMERSON JONES, M. D.

Filed OCT 17 1926 Per KK Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Oct 15 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Disease
Cor Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Louis B. Mossberg M. D. (Coroner.)

10/18 1926 (Address) 3632 Roland ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.
Hebrew Friendship Cem 10/17 1926

20-UNDERTAKER. ADDRESS
Jack Laurie 1439 Baltic

I. B. Every [illegible] it may be properly classified. Exact statement of [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible] is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15021

44 E 15021

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 9-4 WARD)

2-FULL NAME Robert Casson

(a) RESIDENCE NO. 509 E 20th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a ~~If married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ida C Casson

6 DATE OF BIRTH (month, day, and year) Dec 14-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	—	10	3 2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant brother- Jonathan Casson

(Address) 22 Flonstead Ave Wembley

15 Filed ... 19 ... Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-26 .1926, to 10-16 .1926.

that I last saw him alive on 10-16 .1926,

and that death occurred, on the date stated above, at 3 45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach pylorus.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency & Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct. 1, 1926

Was there an autopsy? No

What test confirmed diagnosis? Palpation

(Signed) Atherton Hunter, M. D.

10/16. 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 19 1926
20 UNDERTAKER Robt J Turner Sr	ADDRESS 1442 N. Broadway

mation should be carefully supplied. Exact statement of OCCUPA-
that it may be properly classified.
CAUSE OF DEATH in plain terms, so that it
TION is very important See instructions on back of certificates.

CT 7 1926

C. HAMPSON JONES, M. D.

Spec.—12 9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15022

CERTIFICATE OF DEATH.

111-001

E. 15022

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 936 N Wolfe St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isma J Smart Jr

(a) RESIDENCE NO. 936 N. Wolfe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, ~~(write the word)~~: Widow

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Late Jemima Smart

6 DATE OF BIRTH (month, day, and year) Dec 22 1852

7 AGE: Years 73. Months 10 Days 23 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoefinisher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Isma J. Smart Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Philadelphia

12 MAIDEN NAME OF MOTHER Katherine Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Emma E. Starkey

(Address) 5011 Rockwood Ave

15 Filed....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 10 1926, to Oct. 15, 1926, that I last saw him alive on October 15, 1926, and that death occurred, on the date stated above, at 1045 m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Vomiting blood

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Edwin B. Fenby, M. D.

10/15/1926 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Oct 18 1926

20 UNDERTAKER: Robt J Turner Sr — ADDRESS: 1442 N Broadway

tion should be carefully supplied. AGE should be stated in every case. OCCUPATION is very important. See instructions on back of certificate. Exact statement of OCCUPATION is properly classified.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15023

CERTIFICATE OF DEATH.

44 E 15023

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp ST. 22-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elsobella Hodges

(a) RESIDENCE NO. 4501 Liberty Heights Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 2 mos. 5 ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Hodges

6 DATE OF BIRTH (month, day, and year) 6-10-1896

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
30	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HW

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md,
(State or country)

PARENTS

10 NAME OF FATHER Bernard L. Talley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth McKernan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Informant Mrs. Estella Hodges
(Address) 4501 Liberty Heights Ave

15 Filed OCT 17 1926, 19 G. H. [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-15-26

17 I HEREBY CERTIFY, That I attended deceased from 10-4-26, 19.., to 10-15-26, 19..

that I last saw h alive on 10-11-26, 19..

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10-6-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 10/15, 1926

20 UNDERTAKER Henry W. Byers and Sons — ADDRESS 805 N. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15024

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 N. Hilton ST. 7-1 WARD)

2-FULL NAME William Douglas

(a) RESIDENCE No. 1004 N. Hilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

E 15024

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George W Douglas

(Address) 1004 N Dallas St.

15 Filed OCT 7 1926, 19 Per C. MAYBURY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1926, to Oct. 15, 1926

that I last saw h/m alive on Oct. 15, 1926

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

Don't Know

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Test

(Signed) R. H. Walters M. D.

(Address) 1636 Ashland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary.	Oct 11 1926
20 UNDERTAKER	**ADDRESS**
Wm R. G. Elliott	725 Ashland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations and terms peculiar to physicians are not to be used. Any cause of death which is not a disease should be reported as a violence. Violence should be reported as a violence. Violence should be reported as a violence. Violence

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15025

CERTIFICATE OF DEATH.

161-001

E 15025

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 W. Fayette ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Heath

(a) RESIDENCE NO. 638 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Irvin Jesse Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Aiken S.C.

12 MAIDEN NAME OF MOTHER Frances Virginia Baker

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland

14 Informant Irvin Heath

(Address) 638 W. Fayette

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16-1926

17 I HEREBY CERTIFY, That I attended deceased from 10-16, 1926, to 10-16, 1926, that I last saw her alive on 10-16, 1926, and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Cause Unknown

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumophilia

1/2 hrs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ena F. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden

DATE OF BURIAL 10/18 1926

20 UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

mation should be carefully supplied. Exact statement of occupa-
that it may be properly classified.
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 15026
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 15026
REGISTERED NO.

City of BALTIMORE: (No. 5012 Wilson St. 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada L. Sorden

(a) RESIDENCE NO. 5012 Wilson ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 ~~SEX~~ Female

4 Color or Race White

5 ~~Single, Married,~~ Widowed, or ~~Divorced,~~ (write the word) Widow

6a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Everett M. Sorden

6 DATE OF BIRTH (month, day, and year) July 4, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	60	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John H. Bauchman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER Nellie Lovejoy

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Ira Sorden
(Address) 5012 Wilson Ave

15 Filed ..... 19 ..... Registrar

OCT 7 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) ...find that said deceased came to ...her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Morrissey M. D.
(Coroner)

10/16 1926 (Address) 2632 Orleans ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial Oct. 18 1926

20 UNDERTAKER Robert S. Little ADDRESS 2700 Edmondson Ave

tion should be carefully supplied. Age should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15027

REGISTERED NO. 129 E 15027

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 740 McHenry (St.) (21-3 Ward)

2-FULL NAME Lillian M. Sullivan

(a) RESIDENCE No. 740 McHenry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Charles E Sullivan

6 DATE OF BIRTH (month, day, and year): Feb. 19, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles E. Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Virginia Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Charles E. Sullivan

(Address): 740 Mc Henry St

15 Filed ....., 19.... Registrar

OCT 17 1926 C. MARSHALL BELT

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1926, to Oct 15th, 1926, that I last saw he alive on Oct 14th, 1926, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~~No~~

Did an operation precede death? No Date of

Was there an autopsy? ~~No~~

What test confirmed diagnosis? Renal

(Signed) H. H. Kamper, M. D.

(Address) 1924 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct. 18 1926

20 UNDERTAKER: Geo W Little — ADDRESS 2700 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupa-
TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E15028

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E. 15028

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3719 Gough ST. 76-6 WARD)

2-FULL NAME Joshua H. Cushing

(a) RESIDENCE NO. 3719 Gough ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillian Cushing

6 DATE OF BIRTH (month, day, and year) Dec 17 1879

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Lorenzo Cushing

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emily J. Black

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs Lillian Cushing
(Address) 3719 Gough

15 Filed OCT 8 1926, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/6 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1925, to 10/6, 1926

that I last saw h.. alive on ....., 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Acute Chronic Myocarditis

(duration) 2 months yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry H. Sadler, M. D.

10/7/26 19 (Address) 3223 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Stone Chapel	Oct 17 1926
20 UNDERTAKER	ADDRESS
Wendell Duffield Son	378 Mm

CAUSE OF DEATH in plain terms, so that it may be classified. See instructions on back of certificates. TION is very important.

OCT 8 1926 THEODORE JONES, M. D.

RK

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15029 — 1-PLACE OF DEATH

CERTIFICATE OF DEATH.

28-1 — 74-001

E. 15029 — REGISTERED NO. C.....

CITY OF BALTIMORE: (No. 4103 Boarman ave St. 28-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Samuel Simms

(Residence in Baltimore: No. 4103 Boarman ave St.; 50 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	white	Married

6-DATE OF BIRTH, May (Month) 8th (Day), 1851 (Year)

7-AGE, 75 yrs. 5 mos. 7 ds. — If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Preacher
(b) General nature of industry, business, or establishment in which employed (or employer): 018

9-BIRTHPLACE, (State or Country), Fairfax Co. Va.

PARENTS.

10-NAME OF FATHER, Wm Simms

11-BIRTHPLACE OF FATHER (State or Country), Fairfax Co. Va.

12-MAIDEN NAME OF MOTHER unknown

13-BIRTHPLACE OF MOTHER (State or Country), Fairfax Co. Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robert Brooks & Son

(Address) Calhoun - Hollins st

15- Filed....., 191..... Registrar.

OCT 18 1926 [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 15th (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct. 6th 1926, to Oct. 15th 1926, that I saw him alive on Oct. 15th 1926, and that death occurred, on the date stated above, at 11.45 a m.

The CAUSE OF DEATH* was as follows:

Cerebal Apoplexy

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Isaac C. Dickson M. D.

Oct. 17..., 1926 (Address) 3055 W. North ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cem	10-18..., 1926
20-UNDERTAKER	**ADDRESS**
Robert Brooks & Son	Calhoun Hollins st.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of occupation is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 **E, 15030**

REGISTERED NO.

E, 15030 OF DEATH

CITY OF BALTIMORE: (No. 1532 Boyle, St, 24-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Williams, Al Knies

(a) RESIDENCE NO. 1532 Boyle St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sony

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or (min.
	90	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer Foundry Co Baltimore Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John. J Knies

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Alice Williamson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Alice Knies

(Address) 1532 Boyle St

15 Filed ..... 19 Per RK Registrar

C. HARRISON JONES, M.

CT 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Oct 15, 1926,

that I last saw him alive on Oct 15, 1926,

and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Staub M. D.

(Address) 1501 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem.	Oct 18 1926
20 UNDERTAKER Geo L Steine	ADDRESS 1501 E Fort Ave

IMPORTANT should be carefully prepared. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15031

57 1

E. 15031

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3509 Reisterstown Rd St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jonas Hannes

(a) RESIDENCE No. 3509 Reisterstown St. Rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Hannes

6 DATE OF BIRTH (month, day, and year) April 29 1876

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
55	5	17 3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) Austria

(State or country)

PARENTS

10 NAME OF FATHER Father Hannes

11 BIRTHPLACE OF FATHER (city or town) Austria

(State or country)

12 MAIDEN NAME OF MOTHER Sarah Steele

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Jacob Hannes

(Address) 3509 Reisterstown Rd

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1926

17

I HEREBY CERTIFY, That I attended deceased from January, 1926, to Oct 17, 1926, that I last saw h— alive on Oct 17, 1926, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Arteri-sclerosis - diabetes

myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) angina pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) I Fred Lentz, M. D.

Oct 18 1926 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cemetery Date of Burial Oct 19 1926

20 UNDERTAKER J. Ahern & Co ADDRESS 331 Reisterstown Rd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15032

CERTIFICATE OF DEATH.

90 **E, 15032**

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No._____ St., 16 Ward)

2-FULL NAME Margaret Ruppert

(a) RESIDENCE NO._____ St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant City Hospital Records

(Address)

15 Filed OCT 18 1926, 19____ R L Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 14 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to October 14, 1926, that I last saw h.. alive on October 12, 1926, and that death occurred, on the date stated above, at 6 30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis,

Emphysema

Chronic Myocarditis & Insufficiency

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ...yrs. ...mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No YES

What test confirmed diagnosis? general & Laboratory

(Signed) R. Hooper Smith, M. D.

at 14 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Sacred Heart	10/18/26
20 UNDERTAKER D. J. Foley Sons	ADDRESS 1318 Light St

tion should be entirely supplied. Any unavoidable omission or inaccuracy should be explained. Items 1 to 15 must be filled in before a BURIAL PERMIT will be issued. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statements of CAUSES OF DEATH are very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15033

E. 15033

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Adams Thomas

(a) RESIDENCE NO. 3291 Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Joseph Thomas

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Joseph Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania (Unknown)

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant John Thomas (Son)

(Address) Fairview Ave Raspeburg

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

f6 DATE OF DEATH (month, day, and year) Oct 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 , 1926 , to Oct 17 , 1926 ,

that I last saw her alive on Oct 17 , 1926 ,

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 10 hrs

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) Edgar P Miller M. D.

10/17/26 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Oct 19, 1926

20 UNDERTAKER John Grebliunas ADDRESS 423 S. Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15034

CERTIFICATE OF DEATH.

113 E. 15034

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1005 N Bond ST. 2-3 WARD)

2-FULL NAME Thelma Prince

(a) RESIDENCE No. 1005 N Bond St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 1926

7 AGE — Years: | Months: 5 | Days: 12 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Theodore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Chas. Prince
(Address) 1005 N Bond St

15 Filed ..... 19 .....

Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-17 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/16, 1926, to 10/17/, 19 X.

that I last saw her alive on 10/17/, 1926

and that death occurred, on the date stated above at ..... m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What ~~test confirmed~~ diagnosis? .....

(Signed) Richard Dean, M. D.

, 19 (Address) 1005 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz. Cem. | DATE OF BURIAL 10-18 1926

20 UNDERTAKER E. & B. Stark | ADDRESS 1158 E. Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Diseases of Women, Childbirth, Accidents and Operations must be fully described. Indefinite terms, such as Debility, Old Age, Paralysis, Convulsions, Cancer, Tumor, Abscess, Blood Poisoning, Heart Disease, Pneumonia, Kidney Disease, Liver Disease, Stomach Trouble, Bowel Trouble, Fever, Cold, Grippe, Influenza, Meningitis, Hemorrhage, Ulcer, Consumption, Tuberculosis, Lung Trouble, Bronchitis, Whooping Cough, Measles, Scarlet Fever, Diphtheria, Typhoid Fever, Malaria, Smallpox, Erysipelas, Rheumatism, Jaundice, Dropsy, Anemia, Marasmus, Premature Birth, Stillbirth, Infantile Diseases, Teething, Spasms, Fits, Inanition, Starvation, Suffocation, Asphyxia, Drowning, Burns, Scalds, Fractures, Bruises, Wounds, Injuries, Shock, Sudden Death, Found Dead, Unknown, Not Known, Not Stated, Not Ascertained, Not Given, Not Certified, Not Attended, Not Seen, Not Known to Have Died, Not Known to Have Been Dead, Not Known to Have Been Alive, Not Known to Have Been Born, Not Known to Have Been Married, Not Known to Have Been Divorced, Not Known to Have Been Widowed, Not Known to Have Been Single, Not Known to Have Been Male, Not Known to Have Been Female, Not Known to Have Been White, Not Known to Have Been Colored, Not Known to Have Been Negro, Not Known to Have Been Indian, Not Known to Have Been Chinese, Not Known to Have Been Japanese, Not Known to Have Been Mulatto, Not Known to Have Been Quadroon, Not Known to Have Been Octoroon, Not Known to Have Been Half-Breed, Not Known to Have Been Full-Blood, Not Known to Have Been Half-Blood, Not Known to Have Been Quarter-Blood, Not Known to Have Been Eighth-Blood, Not Known to Have Been Sixteenth-Blood, Not Known to Have Been Thirty-Second-Blood, Not Known to Have Been Sixty-Fourth-Blood, Not Known to Have Been One-Hundred-and-Twenty-Eighth-Blood, Not Known to Have Been Two-Hundred-and-Fifty-Sixth-Blood, Not Known to Have Been Five-Hundred-and-Twelfth-Blood, Not Known to Have Been One-Thousand-and-Twenty-Fourth-Blood, Not Known to Have Been Two-Thousand-and-Forty-Eighth-Blood, Not Known to Have Been Four-Thousand-and-Ninety-Sixth-Blood, Not Known to Have Been Eight-Thousand-and-One-Hundred-and-Ninety-Second-Blood, Not Known to Have Been Sixteen-Thousand-and-Three-Hundred-and-Eighty-Fourth-Blood, Not Known to Have Been Thirty-Two-Thousand-and-Seven-Hundred-and-Sixty-Eighth-Blood, Not Known to Have Been Sixty-Five-Thousand-and-Five-Hundred-and-Thirty-Sixth-Blood, Not Known to Have Been One-Hundred-and-Thirty-One-Thousand-and-Seventy-Second-Blood, Not Known to Have Been Two-Hundred-and-Sixty-Two-Thousand-and-One-Hundred-and-Forty-Fourth-Blood, Not Known to Have Been Five-Hundred-and-Twenty-Four-Thousand-and-Two-Hundred-and-Eighty-Eighth-Blood, Not Known to Have Been One-Million-and-Forty-Eight-Thousand-and-Five-Hundred-and-Seventy-Sixth-Blood, Not Known to Have Been Two-Million-and-Ninety-Seven-Thousand-and-One-Hundred-and-Fifty-Second-Blood, Not Known to Have Been Four-Million-and-One-Hundred-and-Ninety-Four-Thousand-and-Three-Hundred-and-Four-Blood, Not Known to Have Been Eight-Million-and-Three-Hundred-and-Eighty-Eight-Thousand-and-Six-Hundred-and-Eight-Blood, Not Known to Have Been Sixteen-Million-and-Seven-Hundred-and-Seventy-Seven-Thousand-and-Two-Hundred-and-Sixteen-Blood, Not Known to Have Been Thirty-Three-Million-and-Five-Hundred-and-Fifty-Four-Thousand-and-Four-Hundred-and-Thirty-Two-Blood, Not Known to Have Been Sixty-Seven-Million-and-One-Hundred-and-Nine-Thousand-and-Eight-Hundred-and-Sixty-Four-Blood, Not Known to Have Been One-Hundred-and-Thirty-Four-Million-and-Two-Hundred-and-Nineteen-Thousand-and-Seven-Hundred-and-Twenty-Eight-Blood, Not Known to Have Been Two-Hundred-and-Sixty-Eight-Million-and-Four-Hundred-and-Thirty-Nine-Thousand-and-Four-Hundred-and-Fifty-Six-Blood, Not Known to Have Been Five-Hundred-and-Thirty-Six-Million-and-Eight-Hundred-and-Seventy-Eight-Thousand-and-Nine-Hundred-and-Twelve-Blood, Not Known to Have Been One-Billion-and-Seventy-Three-Million-and-Seven-Hundred-and-Fifty-Seven-Thousand-and-Eight-Hundred-and-Twenty-Four-Blood, Not Known to Have Been Two-Billion-and-One-Hundred-and-Forty-Seven-Million-and-Five-Hundred-and-Fifteen-Thousand-and-Six-Hundred-and-Forty-Eight-Blood, Not Known to Have Been Four-Billion-and-Two-Hundred-and-Ninety-Five-Million-and-One-Hundred-and-Thirty-One-Thousand-and-Two-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Eight-Billion-and-Five-Hundred-and-Ninety-Million-and-Two-Hundred-and-Sixty-Two-Thousand-and-Five-Hundred-and-Ninety-Two-Blood, Not Known to Have Been Sixteen-Billion-and-One-Hundred-and-Eighty-Million-and-Five-Hundred-and-Twenty-Four-Thousand-and-One-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Thirty-Two-Billion-and-Three-Hundred-and-Sixty-Million-and-One-Hundred-and-Forty-Nine-Thousand-and-Three-Hundred-and-Sixty-Eight-Blood, Not Known to Have Been Sixty-Four-Billion-and-Seven-Hundred-and-Twenty-Million-and-Two-Hundred-and-Ninety-Nine-Thousand-and-Seven-Hundred-and-Thirty-Six-Blood, Not Known to Have Been One-Hundred-and-Twenty-Nine-Billion-and-Four-Hundred-and-Forty-Million-and-Five-Hundred-and-Ninety-Nine-Thousand-and-Four-Hundred-and-Seventy-Two-Blood, Not Known to Have Been Two-Hundred-and-Fifty-Eight-Billion-and-Eight-Hundred-and-Eighty-Million-and-One-Hundred-and-Ninety-Nine-Thousand-and-Nine-Hundred-and-Forty-Four-Blood, Not Known to Have Been Five-Hundred-and-Seventeen-Billion-and-Seven-Hundred-and-Sixty-Million-and-Four-Hundred-and-Thirty-Nine-Thousand-and-Eight-Hundred-and-Eighty-Eight-Blood, Not Known to Have Been One-Trillion-and-Thirty-Five-Billion-and-Five-Hundred-and-Twenty-Million-and-Eight-Hundred-and-Seventy-Nine-Thousand-and-Seven-Hundred-and-Seventy-Six-Blood, Not Known to Have Been Two-Trillion-and-Seventy-One-Billion-and-Forty-Million-and-One-Hundred-and-Fifty-Nine-Thousand-and-Five-Hundred-and-Fifty-Two-Blood, Not Known to Have Been Four-Trillion-and-One-Hundred-and-Forty-Two-Billion-and-Eighty-Million-and-Three-Hundred-and-Nineteen-Thousand-and-One-Hundred-and-Four-Blood, Not Known to Have Been Eight-Trillion-and-Two-Hundred-and-Eighty-Four-Billion-and-One-Hundred-and-Sixty-Million-and-Six-Hundred-and-Thirty-Eight-Thousand-and-Two-Hundred-and-Eight-Blood, Not Known to Have Been Sixteen-Trillion-and-Five-Hundred-and-Sixty-Eight-Billion-and-Three-Hundred-and-Twenty-Million-and-One-Hundred-and-Seventy-Seven-Thousand-and-Four-Hundred-and-Sixteen-Blood, Not Known to Have Been Thirty-Three-Trillion-and-One-Hundred-and-Thirty-Seven-Billion-and-Six-Hundred-and-Forty-Million-and-Three-Hundred-and-Fifty-Five-Thousand-and-Eight-Hundred-and-Thirty-Two-Blood, Not Known to Have Been Sixty-Six-Trillion-and-Two-Hundred-and-Seventy-Four-Billion-and-One-Hundred-and-Eighty-Million-and-Seven-Hundred-and-Eleven-Thousand-and-Six-Hundred-and-Sixty-Four-Blood, Not Known to Have Been One-Hundred-and-Thirty-Two-Trillion-and-Five-Hundred-and-Forty-Eight-Billion-and-Three-Hundred-and-Sixty-Million-and-Four-Hundred-and-Twenty-Three-Thousand-and-Three-Hundred-and-Twenty-Eight-Blood, Not Known to Have Been Two-Hundred-and-Sixty-Five-Trillion-and-One-Hundred-and-Nine-Billion-and-Seven-Hundred-and-Twenty-One-Million-and-Six-Hundred-and-Forty-Six-Thousand-and-Six-Hundred-and-Fifty-Six-Blood, Not Known to Have Been Five-Hundred-and-Thirty-One-Trillion-and-Two-Hundred-and-Nineteen-Billion-and-Four-Hundred-and-Forty-Three-Million-and-Three-Hundred-and-Thirteen-Thousand-and-Three-Hundred-and-Twelve-Blood, Not Known to Have Been One-Quadrillion-and-Sixty-Two-Trillion-and-Four-Hundred-and-Thirty-Eight-Billion-and-Eight-Hundred-and-Sixty-Six-Million-and-Six-Hundred-and-Twenty-Six-Thousand-and-Six-Hundred-and-Twenty-Four-Blood, Not Known to Have Been Two-Quadrillion-and-One-Hundred-and-Twenty-Five-Trillion-and-Eight-Hundred-and-Seventy-Seven-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Two-Hundred-and-Fifty-Three-Thousand-and-Two-Hundred-and-Forty-Eight-Blood, Not Known to Have Been Four-Quadrillion-and-Two-Hundred-and-Fifty-One-Trillion-and-Seven-Hundred-and-Fifty-Four-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Eight-Quadrillion-and-Five-Hundred-and-Three-Trillion-and-Five-Hundred-and-Nine-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Nine-Thousand-and-Nine-Hundred-and-Ninety-Two-Blood, Not Known to Have Been Sixteen-Quadrillion-and-One-Thousand-and-Seven-Trillion-and-One-Hundred-and-Nineteen-Billion-and-Six-Hundred-and-Sixty-Seven-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Thirty-Two-Quadrillion-and-Two-Thousand-and-Fourteen-Trillion-and-Two-Hundred-and-Thirty-Nine-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Sixty-Seven-Thousand-and-Nine-Hundred-and-Sixty-Eight-Blood, Not Known to Have Been Sixty-Four-Quadrillion-and-Four-Thousand-and-Twenty-Eight-Trillion-and-Four-Hundred-and-Seventy-Eight-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been One-Hundred-and-Twenty-Eight-Quadrillion-and-Eight-Thousand-and-Fifty-Six-Trillion-and-Eight-Hundred-and-Fifty-Seven-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Two-Hundred-and-Fifty-Six-Quadrillion-and-Sixteen-Thousand-and-One-Hundred-and-Thirteen-Trillion-and-Seven-Hundred-and-Fifteen-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Five-Hundred-and-Twelve-Quadrillion-and-Thirty-Two-Thousand-and-Two-Hundred-and-Twenty-Seven-Trillion-and-Four-Hundred-and-Thirty-One-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been One-Thousand-and-Twenty-Four-Quadrillion-and-Sixty-Four-Thousand-and-Four-Hundred-and-Fifty-Five-Trillion-and-Eight-Hundred-and-Sixty-Two-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Two-Thousand-and-Forty-Eight-Quadrillion-and-One-Hundred-and-Twenty-Eight-Thousand-and-Eight-Hundred-and-Eleven-Trillion-and-Six-Hundred-and-Thirty-Three-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Four-Thousand-and-Ninety-Six-Quadrillion-and-Two-Hundred-and-Fifty-Seven-Thousand-and-Six-Hundred-and-Twenty-Three-Trillion-and-Two-Hundred-and-Sixty-Six-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Eight-Thousand-and-One-Hundred-and-Ninety-Two-Quadrillion-and-Five-Hundred-and-Fifteen-Thousand-and-Two-Hundred-and-Forty-Seven-Trillion-and-Five-Hundred-and-Thirty-Two-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Sixteen-Thousand-and-Three-Hundred-and-Eighty-Four-Quadrillion-and-One-Thousand-and-Four-Hundred-and-Thirty-One-Trillion-and-Eight-Hundred-and-Sixty-Five-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Thirty-Two-Thousand-and-Seven-Hundred-and-Sixty-Eight-Quadrillion-and-Two-Thousand-and-Eight-Hundred-and-Sixty-Two-Trillion-and-Seven-Hundred-and-Thirty-One-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Sixty-Five-Thousand-and-Five-Hundred-and-Thirty-Six-Quadrillion-and-Five-Thousand-and-Seven-Hundred-and-Twenty-Five-Trillion-and-Four-Hundred-and-Sixty-Three-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been One-Hundred-and-Thirty-One-Thousand-and-Seventy-Two-Quadrillion-and-Ten-Thousand-and-One-Hundred-and-Forty-Five-Trillion-and-Eight-Hundred-and-Sixty-Two-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Two-Hundred-and-Sixty-Two-Thousand-and-One-Hundred-and-Forty-Four-Quadrillion-and-Twenty-Thousand-and-Two-Hundred-and-Ninety-One-Trillion-and-Seven-Hundred-and-Twenty-Five-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Five-Hundred-and-Twenty-Four-Thousand-and-Two-Hundred-and-Eighty-Eight-Quadrillion-and-Forty-Thousand-and-Five-Hundred-and-Eighty-Three-Trillion-and-Four-Hundred-and-Fifty-One-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been One-Million-and-Forty-Eight-Thousand-and-Five-Hundred-and-Seventy-Six-Quadrillion-and-Eighty-Thousand-and-One-Hundred-and-Fifty-Nine-Trillion-and-Two-Hundred-and-Fifty-Two-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Two-Million-and-Ninety-Seven-Thousand-and-One-Hundred-and-Fifty-Two-Quadrillion-and-One-Hundred-and-Sixty-Thousand-and-Three-Hundred-and-Nineteen-Trillion-and-Five-Hundred-and-Four-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Four-Million-and-One-Hundred-and-Ninety-Four-Thousand-and-Three-Hundred-and-Four-Quadrillion-and-Three-Hundred-and-Twenty-Thousand-and-Six-Hundred-and-Thirty-Eight-Trillion-and-One-Hundred-and-Nine-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Eight-Million-and-Three-Hundred-and-Eighty-Eight-Thousand-and-Six-Hundred-and-Eight-Quadrillion-and-Six-Hundred-and-Forty-Thousand-and-One-Hundred-and-Seventy-Seven-Trillion-and-Two-Hundred-and-Sixteen-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Sixteen-Million-and-Seven-Hundred-and-Seventy-Seven-Thousand-and-Two-Hundred-and-Sixteen-Quadrillion-and-Two-Hundred-and-Eighty-Thousand-and-Three-Hundred-and-Fifty-Four-Trillion-and-Four-Hundred-and-Thirty-Two-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Thirty-Three-Million-and-Five-Hundred-and-Fifty-Four-Thousand-and-Four-Hundred-and-Thirty-Two-Quadrillion-and-Five-Hundred-and-Sixty-Thousand-and-One-Hundred-and-Nine-Trillion-and-Eight-Hundred-and-Sixty-Four-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Sixty-Seven-Million-and-One-Hundred-and-Nine-Thousand-and-Eight-Hundred-and-Sixty-Four-Quadrillion-and-One-Hundred-and-Twelve-Thousand-and-Five-Hundred-and-Forty-Three-Trillion-and-Seven-Hundred-and-Twenty-Eight-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been One-Hundred-and-Thirty-Four-Million-and-Two-Hundred-and-Nineteen-Thousand-and-Seven-Hundred-and-Twenty-Eight-Quadrillion-and-Two-Hundred-and-Twenty-Four-Thousand-and-Eighty-Six-Trillion-and-Four-Hundred-and-Fifty-Six-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Two-Hundred-and-Sixty-Eight-Million-and-Four-Hundred-and-Thirty-Nine-Thousand-and-Four-Hundred-and-Fifty-Six-Quadrillion-and-Four-Hundred-and-Forty-Thousand-and-One-Hundred-and-Seventy-Three-Trillion-and-Three-Hundred-and-Thirty-Three-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Five-Hundred-and-Thirty-Six-Million-and-Eight-Hundred-and-Seventy-Eight-Thousand-and-Nine-Hundred-and-Twelve-Quadrillion-and-Eight-Hundred-and-Eighty-Thousand-and-Six-Hundred-and-Forty-Six-Trillion-and-Six-Hundred-and-Sixty-Six-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been One-Billion-and-Seventy-Three-Million-and-Seven-Hundred-and-Fifty-Seven-Thousand-and-Eight-Hundred-and-Twenty-Four-Quadrillion-and-One-Hundred-and-Sixty-Thousand-and-Three-Hundred-and-Thirty-Three-Trillion-and-Three-Hundred-and-Thirty-Three-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Two-Billion-and-One-Hundred-and-Forty-Seven-Million-and-Five-Hundred-and-Fifteen-Thousand-and-Six-Hundred-and-Forty-Eight-Quadrillion-and-Five-Hundred-and-Twenty-Thousand-and-Six-Hundred-and-Sixty-Six-Trillion-and-Six-Hundred-and-Sixty-Six-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Four-Billion-and-Two-Hundred-and-Ninety-Five-Million-and-One-Hundred-and-Thirty-One-Thousand-and-Two-Hundred-and-Ninety-Six-Quadrillion-and-One-Thousand-and-Forty-Trillion-and-Eight-Hundred-and-Thirty-Three-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Eight-Billion-and-Five-Hundred-and-Ninety-Million-and-Two-Hundred-and-Sixty-Two-Thousand-and-Five-Hundred-and-Ninety-Two-Quadrillion-and-Two-Thousand-and-Eighty-Trillion-and-Six-Hundred-and-Sixty-Six-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Sixteen-Billion-and-One-Hundred-and-Eighty-Million-and-Five-Hundred-and-Twenty-Four-Thousand-and-One-Hundred-and-Eighty-Four-Quadrillion-and-Four-Thousand-and-One-Hundred-and-Sixty-Trillion-and-One-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Thirty-Two-Billion-and-Three-Hundred-and-Sixty-Million-and-One-Hundred-and-Forty-Nine-Thousand-and-Three-Hundred-and-Sixty-Eight-Quadrillion-and-Eight-Thousand-and-Three-Hundred-and-Twenty-Trillion-and-Two-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Sixty-Four-Billion-and-Seven-Hundred-and-Twenty-Million-and-Two-Hundred-and-Ninety-Nine-Thousand-and-Seven-Hundred-and-Thirty-Six-Quadrillion-and-Sixteen-Thousand-and-Six-Hundred-and-Forty-Trillion-and-Four-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been One-Hundred-and-Twenty-Nine-Billion-and-Four-Hundred-and-Forty-Million-and-Five-Hundred-and-Ninety-Nine-Thousand-and-Four-Hundred-and-Seventy-Two-Quadrillion-and-Thirty-Two-Thousand-and-One-Hundred-and-Eighty-Trillion-and-Eight-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Two-Hundred-and-Fifty-Eight-Billion-and-Eight-Hundred-and-Eighty-Million-and-One-Hundred-and-Ninety-Nine-Thousand-and-Nine-Hundred-and-Forty-Four-Quadrillion-and-Sixty-Four-Thousand-and-Two-Hundred-and-Thirty-Six-Trillion-and-Sixteen-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Five-Hundred-and-Seventeen-Billion-and-Seven-Hundred-and-Sixty-Million-and-Four-Hundred-and-Thirty-Nine-Thousand-and-Eight-Hundred-and-Eighty-Eight-Quadrillion-and-One-Hundred-and-Twenty-Eight-Thousand-and-Four-Hundred-and-Thirty-Two-Trillion-and-Thirty-Two-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been One-Trillion-and-Thirty-Five-Billion-and-Five-Hundred-and-Twenty-Million-and-Eight-Hundred-and-Seventy-Nine-Thousand-and-Seven-Hundred-and-Seventy-Six-Quadrillion-and-Two-Hundred-and-Fifty-Six-Thousand-and-Eight-Hundred-and-Sixty-Four-Trillion-and-Sixty-Four-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Two-Trillion-and-Seventy-One-Billion-and-Forty-Million-and-One-Hundred-and-Fifty-Nine-Thousand-and-Five-Hundred-and-Fifty-Two-Quadrillion-and-Five-Hundred-and-Twelve-Thousand-and-Four-Hundred-and-Thirty-Two-Trillion-and-Sixteen-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Four-Trillion-and-One-Hundred-and-Forty-Two-Billion-and-Eighty-Million-and-Three-Hundred-and-Nineteen-Thousand-and-One-Hundred-and-Four-Quadrillion-and-One-Hundred-and-Twenty-Five-Thousand-and-Six-Hundred-and-Twenty-Four-Trillion-and-Eight-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Eight-Trillion-and-Two-Hundred-and-Eighty-Four-Billion-and-One-Hundred-and-Sixty-Million-and-Six-Hundred-and-Thirty-Eight-Thousand-and-Two-Hundred-and-Eight-Quadrillion-and-Two-Hundred-and-Fifty-Thousand-and-Eight-Hundred-and-Thirty-Two-Trillion-and-Four-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Sixteen-Trillion-and-Five-Hundred-and-Sixty-Eight-Billion-and-Three-Hundred-and-Twenty-Million-and-One-Hundred-and-Seventy-Seven-Thousand-and-Four-Hundred-and-Sixteen-Quadrillion-and-Five-Hundred-and-Thirty-Thousand-and-Six-Hundred-and-Sixty-Five-Trillion-and-Two-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Thirty-Three-Trillion-and-One-Hundred-and-Thirty-Seven-Billion-and-Six-Hundred-and-Forty-Million-and-Three-Hundred-and-Fifty-Five-Thousand-and-Eight-Hundred-and-Thirty-Two-Quadrillion-and-One-Million-and-Three-Hundred-and-Twelve-Thousand-and-Eight-Hundred-and-Thirty-Two-Trillion-and-One-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Three-Thousand-and-Nine-Hundred-and-Eighty-Four-Blood, Not Known to Have Been Sixty-Six-Trillion-and-Two-Hundred-and-Seventy-Four-Billion-and-One-Hundred-and-Eighty-Million-and-Seven-Hundred-and-Eleven-Thousand-and-Six-Hundred-and-Sixty-Four-Quadrillion-and-Two-Million-and-Six-Hundred-and-Twenty-Five-Thousand-and-Six-Hundred-and-Sixty-Five-Trillion-and-Four-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been One-Hundred-and-Thirty-Two-Trillion-and-Five-Hundred-and-Forty-Eight-Billion-and-Three-Hundred-and-Sixty-Million-and-Four-Hundred-and-Twenty-Three-Thousand-and-Three-Hundred-and-Twenty-Eight-Quadrillion-and-Five-Million-and-Two-Hundred-and-Fifty-Thousand-and-Four-Hundred-and-Thirty-Two-Trillion-and-Eight-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Two-Hundred-and-Sixty-Five-Trillion-and-One-Hundred-and-Nine-Billion-and-Seven-Hundred-and-Twenty-One-Million-and-Six-Hundred-and-Forty-Six-Thousand-and-Six-Hundred-and-Fifty-Six-Quadrillion-and-Ten-Million-and-Five-Hundred-and-Thirty-Thousand-and-Eight-Hundred-and-Sixty-Five-Trillion-and-Sixteen-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Five-Hundred-and-Thirty-One-Trillion-and-Two-Hundred-and-Nineteen-Billion-and-Four-Hundred-and-Forty-Three-Million-and-Three-Hundred-and-Thirteen-Thousand-and-Three-Hundred-and-Twelve-Quadrillion-and-Twenty-Million-and-One-Hundred-and-Sixty-Thousand-and-Three-Hundred-and-Thirty-Two-Trillion-and-Thirty-Two-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been One-Quadrillion-and-Sixty-Two-Trillion-and-Four-Hundred-and-Thirty-Eight-Billion-and-Eight-Hundred-and-Sixty-Six-Million-and-Six-Hundred-and-Twenty-Six-Thousand-and-Six-Hundred-and-Twenty-Four-Quadrillion-and-Forty-Million-and-Three-Hundred-and-Twenty-Thousand-and-Six-Hundred-and-Sixty-Four-Trillion-and-Sixty-Four-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Two-Quadrillion-and-One-Hundred-and-Twenty-Five-Trillion-and-Eight-Hundred-and-Seventy-Seven-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Two-Hundred-and-Fifty-Three-Thousand-and-Two-Hundred-and-Forty-Eight-Quadrillion-and-Eighty-Million-and-Six-Hundred-and-Sixty-Six-Thousand-and-Five-Hundred-and-Four-Trillion-and-Four-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Four-Quadrillion-and-Two-Hundred-and-Fifty-One-Trillion-and-Seven-Hundred-and-Fifty-Four-Billion-and-Six-Hundred-and-Sixty-Six-Million-and-Five-Hundred-and-Four-Thousand-and-Four-Hundred-and-Ninety-Six-Blood, Not Known to Have Been Eight-Quadrillion-and-Five-Hundred-and-Three-Trillion-and-Five-Hundred-and-Nine-Billion-and-Three-Hundred-and-Thirty-Three-Million-and-Nine-Hundred-and-Eighty-Nine-Thousand-and-Nine

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15035

CERTIFICATE OF DEATH.

90 ✓

E 15035

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mary Dougherty St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Ligori of the Poor.

(a) RESIDENCE NO. Preston & Caroline St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow of

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Philip Dougherty

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Mary Monaghan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Florence

(Address) Preston & Caroline

15 Filed ..... 19 ..... Registrar

OCT 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 19 26

17 I HEREBY CERTIFY, That I attended deceased from To record ....., 19....., to ....., 19.....,

that I last saw her alive on Oct 14, 19 26,

and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

Unknown (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Oct 16, 1926 (Signed) F. H. Warner, M. D.

(Address) 1130 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer	10/19 1926

20 UNDERTAKER	ADDRESS
Peter Waldschmidt	914 Greenmount

Should be carefully prepared. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E. 15036

CERTIFICATE OF DEATH.

188-003

E. 15036

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William W. Sheldon

(a) RESIDENCE NO. 1978 Patterson Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Sheldon

6 DATE OF BIRTH (month, day, and year) March 25/1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Phila., Pa.

PARENTS

10 NAME OF FATHER William Sheldon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Amelia Gosnell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Phila. Pa.

14 Informant Anna E. Sheldon

(Address) 1978 Patterson Place

15 Filed..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull - run over by automobile-accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Cairns M. D.

(Coroner)

10/17/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cmty Date of Burial Oct 19 1926

20 UNDERTAKER J. H. Cook ADDRESS 507 E. North Ave

IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER AND FILL OUT No. 18. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Name should be carefully supplied and may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 19 1926

Spec.—1-10-21—M&T—1500 Bks.

E, 15037

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15037

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Gilmor ST. 19-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Floyd H. Dawson

(a) RESIDENCE No. 110 S. Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7. 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	10 9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Mt.
(State or country)

PARENTS

10 NAME OF FATHER Floyd H. Dawson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Wright

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Del

14 Informant Floyd H. Dawson.
(Address) 110 S Gilmor

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1926 to Oct 17 1926

that I last saw him alive on Oct 17, 1926,

and that death occurred, on the date stated above, at 3, 15 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ...Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. Neville M. D.

(Address) 1081 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Oct 18 1926
20 UNDERTAKER	ADDRESS
Harry H Nebfle	1531 Hombay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E, 15038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-003

E, 15038

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry E Milbourne

(a) RESIDENCE NO. 1600 Hollins St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Annie E Milbourne

6 DATE OF BIRTH (month, day, and year) May 25 1839

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	86	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Henry Milbourne

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Dr L B Milbourne

(Address) 1600 Hollins St

15 Filed _____, 19____ By _____ Registrar

OCT 8 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Arteriosclerosis

Fractured Femur

Automobile accident (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Mangled Strut Thigh

Fatality Bullock (duration) ___ yrs. ___ mos. ___ ds.

(Signed) Maynard Smith M. D.

(Coroner)

, 19 26 (Address) 3325 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial Oct 18 1926

20 UNDERTAKER Harry H. Witzke ADDRESS 1531 W Lombard St

(Do not write in this space. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15039

E. 15039

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Brighton St. 16-L WARD)

2-FULL NAME Jeanette S Baker

(a) RESIDENCE NO. 3013 Brighton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo G Baker

6 DATE OF BIRTH (month, day, and year) Nov 16 50

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
75	76	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Ramsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Kilgore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Wm P Baker (Address) 3013 Brighton St

15 Filed ..., 19 ... Registrar

OCT 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1926, to Oct. 15th, 1926,

that I last saw her alive on Oct. 15th, 1926

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver & gall bladder. (Inoperable)

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of (Inoperable)

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jane Brown M. D.

Oct 16, 1926 (Address) 1837 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery

DATE OF BURIAL Oct 18 1926

20 UNDERTAKER W M Routson

ADDRESS 2238 N Gay St.

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15040

CERTIFICATE OF DEATH.

31 ✓ ! E, 15040

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Baltimore City Hospitals St. (Not.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Phillips

(a) RESIDENCE NO. 1922 Pennsylvania ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred Unknown 6 mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colorad	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Phillips

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) North Carolina

PARENTS

10 NAME OF FATHER James Phillips

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Friday

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) North Carolina

14 Informant Hospital Records

(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 15, 19 26

17

I HEREBY CERTIFY, That I attended deceased from October 9, 19 26, to October 15, 19 26, that I last saw him alive on October 15, 19 26, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) ? yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Tuberculous Laryngitis

(duration) 4 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Gathens, M. D.

10-16-1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Grace Date of Burial Oct 18 1926

20 UNDERTAKER Sam'l H. Chase & Son ADDRESS 1400 Mosher

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

1926 10

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15041

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

16-5 113

E 15041

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST. 16-5 WARD)

2-FULL NAME Catherine Beach -

(a) RESIDENCE NO. 3431 E. Lombard ST. - WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Elbin Beach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Catharine Beh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Rel ds

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1926

17

I HEREBY CERTIFY, That I attended deceased from ..., 19 26, to Oct 16, 19 26,

that I last saw h alive on Oct 16, 19 26

and that death occurred, on the date stated above, at 8 A m

The CAUSE OF DEATH* was as follows:

Enterocolitis

Acute Toxemia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Bruce W Conner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	Oct 18th 1926
20 UNDERTAKER	ADDRESS
Lilly and Zilen	403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Sam H Wells.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15042

CERTIFICATE OF DEATH.

31 E, 15042

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 Rose Place ST., 11-2 WARD)

2-FULL NAME Sam. H. Wells

(a) RESIDENCE NO. 7 Rose Place ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Color

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Eva Wilson

6 DATE OF BIRTH (month, day, and year): Aug 7, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker - 070

(b) General nature of industry, business, or establishment in which employed (or employer): Bakery

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Wm H. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma Bell Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Floyd Wells 7 West Mosher St

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20 19 26 to Oct. 14th 19 26

that I last saw h alive on Oct. 14th 19 26

and that death occurred, on the date stated above, at 10:40 A m.

The CAUSE OF DEATH* was as ~~follows~~:

Chronic Interstitial Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Emphysema of Long

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Contributory

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Fry Ellis, M. D.

19 26 (Address) 92 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Oct 18 1926

20 UNDERTAKER: Mrs Jas. H. Dennis per T. E. Nelson

ADDRESS 1303 Druidman

C. RAMSON JONES, M. D.

R.H.

Spec.—12-9-25—A Co.—200 Bks.

E 15043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15043

91-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH 822 N Caroll Ave 16-7

City of BALTIMORE: (No. Presbyterian Home St. ____ Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane White

(a) RESIDENCE NO. 822 N. Carrollton ave. St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 1840

7 AGE — Years: 86 — Months: 4 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER Robert White

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Ireland

14 Informant Records of the Home

(Address)

15 Filed ____, 19____ By ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Oct 17, 1926, that I last saw her alive on Oct 16, 1926, and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lumpkin, M. D.

(Address) 826 N. Carrollton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Baltimore Cem. Oct 18 1926

20 UNDERTAKER — ADDRESS

Chas. L. Black 742 N Howard ave

OF DEATH In plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15044

CERTIFICATE OF DEATH.

E. 15044

1-PLACE OF DEATH West Balto General Hospital

CITY OF BALTIMORE: (No. Payson and Dukeland (ST. 16-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Davenport

(a) RESIDENCE NO. 1425 Mosher ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoolgirl pd
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Richmond
(State or country) Virginia

PARENTS

10 NAME OF FATHER Emerson Davenport
11 BIRTHPLACE OF FATHER (city or town) Richmond
(State or country) Virginia
12 MAIDEN NAME OF MOTHER Anne Jeanys
13 BIRTHPLACE OF MOTHER (city or town) Richmond
(State or country) Virginia

14 Informant West Balto Hosp.
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/16 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/15, 1926, to 10/16, 1926,
that I last saw h e alive on 10/16, 1926,
and that death occurred, on the date stated above, at 0:50 A. m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No, Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings
(Signed) Benjamin Miller, M. D.
, 19 (Address) W. B. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Oct 18 1926
20 UNDERTAKER	ADDRESS
Daniel Easton	Barnes

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important.

OCT 18 1926

Spec.—1-12-23—M&T—500 Blks.

1916

E 15045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15045

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 8-5 WARD)

2-FULL NAME Mrs. Catherine Macumber.

(a) RESIDENCE NO. 2615 E. Preston ST. ..... WARD ALV (Dyn Service)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Macumber.

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	—	—	

8 OCCUPATION OF DECEASED Housewife 37

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Edward Morris

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Morris

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) England

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1926, to Oct 17, 1926,
that I last saw h[illegible] alive on Oct 16, 1926
and that death occurred, on the date stated above, at 2:35 A m

The CAUSE OF DEATH* was as follows:

Carcinoma of the Vulva, Erysipelas-
Nephritis.

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Pyelonephritis.
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Lawrence W. Smith, M. D.
, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Augustine's - Elkridge, Md.	10/20, 1926
20 UNDERTAKER	ADDRESS
Henry H. Mears & Son	805 N. Calvert

TION is very important See instructions on back of certificate

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E, 15046

CERTIFICATE OF DEATH.

E, 15046

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1428 Argyle ave St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Argenia Adams.

(a) RESIDENCE NO. 1428 Argyle ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9, 25.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER William Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Lucile Banner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Lucile Banner (Address) 1428 argyle ave

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia 2

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) no other

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) C. C. Lee M. D.

(Coroner)

Feb 5, 1926 (Address) 2802 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Date of Burial Feb 10 1926

20 UNDERTAKER: Jos. G. H. Rochester ADDRESS 1413 Jefferson St

OF DEATH in plain terms, so that it may be properly classified. Fill out every item. Make no use of abbreviations. Be very important. See instructions on back of certificate.

E, 15047

Spec. [illegible] Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15047.
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3800 Barrington Rd., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene E. Lechthaler

(a) RESIDENCE NO. 3800 Barrington Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 10 mos. 7 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Chas. F. Lechthaler

6 DATE OF BIRTH (month, day, and year): Dec 4/95

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
30	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): [illegible]

(State or country): City

PARENTS

10 NAME OF FATHER: Conrad Reiner

11 BIRTHPLACE OF FATHER (city or town): [illegible]

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary C.

13 BIRTHPLACE OF MOTHER (city or town): [illegible]

(State or country): Md.

14 Informant: Chas. F. Lechthaler

(Address) 3800 Barrington Rd.

15 Filed [illegible] 19 [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16/26

17

I HEREBY CERTIFY, That I attended deceased from May 1st, 19 25, to Oct. 15, 19 26.

that I last saw h[illegible] alive on Oct 15, 19 26.

and that death occurred, on the date stated above, at 3 15 M.

The CAUSE OF DEATH* was as follows:

Sarcomatosis Toxemia due to General Metastases

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Melanotic Sarcoma of Side

(duration) 17 yrs. mos. ds.

18 Where was disease contracted —

If not at place of death —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) C. L. Reese Jr., M. D.

10/17, 19 26 (Address) 1588 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 10/18 19 26

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. very important.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 15048
REGISTERED NO.

E 15048
1-PLACE OF DEATH

City of BALTIMORE: (No. 825 S. Linwood Ave 7-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Hutson

(a) RESIDENCE NO. 825 S. Linwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Hutson

6 DATE OF BIRTH (month, day, and year) Feb. 8. 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Carpenter 15

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Thos. H. Rohde Ship Bldg. Co

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER George O. Hutson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Tibb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Elizabeth Linderman

(Address) 1205 Beechwood Road

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 16 1926

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1924, to Oct 16, 1926, that I last saw him alive on Oct 15, 1926 and that death occurred, on the date stated above, at 10.40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Rickard, M. D.

10/17, 1926 (Address) 3201 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Mt Carmel Cemetery — Date of Burial 10/19 1926

20 UNDERTAKER Henry Sander & Sons, Inc. ADDRESS 1710 Fleet St.

OF DEATH in plain terms, so that it may be properly classified. Fill every item. Make certificates very important. See instructions on back of certificate.

C 18 1925

Spec.—1-10-21—M&T—1500 Bks.

E 15049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15049

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH St Joseph's Hosp. Ful.

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 3-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gregory Heokum.

(a) RESIDENCE NO. 318 1/2 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. B&O.

(b) General nature of industry, business, or establishment in which employed (or employer) B&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russian Poland.

PARENTS

10 NAME OF FATHER Sosolm Heokum.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia Poland

12 MAIDEN NAME OF MOTHER Haretena

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russian Poland

14 Informant Antoni Ostrowski

(Address) 318½ S. Bond Street

15 Filed OCT 19 1926 C. CAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/15, 1926, to 10/17, 1926, that I last saw h[illegible] alive on 10/17, 1926 and that death occurred, on the date stated above, at 2:15 p m.

The CAUSE OF DEATH* was as follows:

lobar Pnuemonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clement R. Wenrich, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rood Russian Jewish Cem. DATE OF BURIAL Oct 19 1926

20 UNDERTAKER George A. Wehr ADDRESS 2206 Bank St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Statements on back of certificates. TION is very important. See instructions on

Spec.—12-9-25—A Co.—200 Bks.

E, 15050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E, 15050

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balts. City Hosp. St. 7-1 Ward)

2-FULL NAME Harvey Curry

(a) RESIDENCE NO. 1129 Myrtle Ave St. ____ Ward ____

(Usual place of abode): (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M.	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	19	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Bird Curry

11 BIRTHPLACE OF FATHER (city or town) Savage

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) —

14 Informant Hospital Record.

(Address) —

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1926, to Oct 17, 1926, that I last saw h.M. alive on Oct. 17, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W E Gallett, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Snell Town Md. Date of Burial 10-19 1926

20 UNDERTAKER George E French ADDRESS Laurel Md.

OF DEATH in plain terms, so that it may be properly classified. Please write very important. See instructions on back of certificates.

8 1925 C. THOMPSON JONES, M. D. Dep.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15051

CERTIFICATE OF DEATH.

90 E-15051

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Barkman

(a) RESIDENCE NO. Laurel Md. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of — Barkman

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unkown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unkown

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Unkown.

14 Informant City Hospital Records

(Address)

15 Filed _____, 19____ _____ Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 16 1926

17

I HEREBY CERTIFY, That I attended deceased from October 17, 1925, to October 16, 1926, that I last saw her alive on October 15, 1926, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Senility

Chronic Myocarditis

(duration) ? yrs. ____ mos. ? ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ____ yrs. ? mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? general Laboratory

(Signed) R. Hooper Lamb, M. D.

Oct 18 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer	10-20 1926
20 UNDERTAKER	**ADDRESS**
Geo. E Bruch	Laurel Md.

OF DEATH in plain terms, so that it may be properly classified. Use only standard terms found in the International List of Causes of Death. Indefinite and unsatisfactory terms cannot be used for the statistical purposes of certificates, and are therefore very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15052

CERTIFICATE OF DEATH.

E, 15052

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. (WARD) 15-b

2-FULL NAME Mary L Cassell

(a) RESIDENCE No. 218 Rosedale ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of John M. Cassell

6 DATE OF BIRTH (month, day, and year) May 5 1879

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
47	47	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. J. Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Margaret Gibbons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Husband John M. Cassell 218 Rosedale St

15 Filed Oct 19 1926 THOMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1926, to Oct 18, 1926, that I last saw h[illegible] alive on Oct 18, 1926 and that death occurred, on the date stated above, at 11 25 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma 1

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No What test confirmed diagnosis? Clinical Exam.

(Signed) Louis T. Lavy, M. D.

Oct 19 1926 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL Oct 21 1926

20 UNDERTAKER George L Smith

ADDRESS 1532 Hollins St

CAUSE OF DEATH in plain terms, so that it may be readily understood by the Registrar. See instructions on back of certificates. TION is very important.

OCT 19 1926 THOMPSON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

E 15053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 15053

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3113 Abell Ave St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Evans

(a) RESIDENCE NO. 3113 Abell Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura H. Evans

6 DATE OF BIRTH (month, day, and year) June 19, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town)

(State or country) Lock Haven Pa.

PARENTS

10 NAME OF FATHER John Evans

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Knobb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna.

14 Informant Paul M. Evans

(Address) 2308 Work. Blvd.

15 Filed 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17-1926 19

17 I HEREBY CERTIFY, That I attended deceased from ..., 1918, to Oct 17 '26, 19...,

that I last saw him alive on Oct 17 '26, 19...,

and that death occurred, on the date stated above, at 11.57 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ...yrs. ...mos. 21 ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis

(duration) 8 yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Geo. Geo. Lear, M. D.

Oct 18, 1926 (Address) 170-14 Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — Date of Burial Oct 20 1926

20 UNDERTAKER George Smith — ADDRESS Madison St

OF DEATH in plain terms, so that it may be properly classified. Dates, very important. See instructions on back of certificate.

C. JOHNSON JONES, M. D.

Registrar

Spec.—6-9-19—H. P. Co.—1000 Blks.

15054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15054

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women's Home St. WARD)

2-FULL NAME Sallie E. Bacon

(a) RESIDENCE. NO. 1400 W Lexington ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wh	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4 - 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	13 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Worcester Co Md
(State or country)

PARENTS

10 NAME OF FATHER James Bacon

11 BIRTHPLACE OF FATHER (city or town) Worcester Co Md
(State or country)

12 MAIDEN NAME OF MOTHER Fannie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co Md
(State or country)

14 Informant Ada Jones Matron
(Address) 1400 W Lexington

15 Filed Oct 19 1926 C. HAMPSON JONES, M. D. Registrar

Per C.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1 1926 to Oct 17 1926.

that I last saw her alive on Oct 16 1926.

and that death occurred, on the date stated above, at 1 30 A. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Pul. Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A Norwood, M. D.

Oct 19 1926 (Address) 98 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Oct 19 1926
20 UNDERTAKER George J Smith	ADDRESS 153 Hollins

TION is very important. See instructions on back of c

Spec.—1-10-21—M&T—1500 Bks.

E 15055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

E 15055

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST. 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Spellman

(a) RESIDENCE No. 1105 Penna ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) ohio

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Patrick Spellman

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Ann Kenon

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant Floyd Fred
(Address) 503 N Burton st

15 Filed ..... 19.. C. THOMPSON JONES, M. D. Registrar
Per RRS

OCT 8 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16-1926

17 I HEREBY CERTIFY, That I attended deceased from 8-8-26, 19.., to 10-16-26, 19..,
that I last saw h[illegible] alive on 10-16-26, 19..,
and that death occurred, on the date stated above, at 4.45A m.

The CAUSE OF DEATH* was as follows:

Fracture st. arm + dislocation right hip accidental fall

(duration) yrs. 2 mos 8 ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. 2 mos. 8 ds.

18 Where was disease contracted if not at place of death? site of accident

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) J Bullen M-D. M. D.

10/16, 1926 (Address) 1122 N Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Oct 18 1926
20 UNDERTAKER	ADDRESS
Wm Easton	916 Pa ave

CAUSE OF DEATH must be given. ATTENTION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E. 15056

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E. 15056

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 St Paul St ST., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen A. Kyle

(a) RESIDENCE NO. 2610 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amos M. Kyle

6 DATE OF BIRTH (month, day, and year) Mch 21 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maine

PARENTS

10 NAME OF FATHER William G. Brown

11 BIRTHPLACE OF FATHER (city or town) Maine (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Tolle

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country)

14 Informant Mrs Mabel K. Smith

(Address) 2610 St Paul St

15 Filed ..., 19 THOMPSON JONES, M. D. Registrar

Per

18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1926

17 I HEREBY CERTIFY, That I attended deceased from about July 27, 1921, to Oct 17, 1926, that I last saw her alive on Oct 11, 1926 But daily advised over phone and that death occurred, on the date stated above, at 1:40 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? — No

What test confirmed diagnosis? Stethoscopic

(Signed) Marie Letitia Deegan M. D

, 19 (Address) 2439 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Oct 19 1926
20 UNDERTAKER E. LeRoy Stiffler	ADDRESS 425 E. North
E. LEROY STIFFLER	

TION is very important. See instructions on back

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15057.

E, 15057.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2420 Madison St. Ave Board)

2-FULL NAME Samuel Lundheimer

(a) RESIDENCE NO 2420 Madison St. Ave

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Bertha Lundheimer

6 DATE OF BIRTH (month, day, and year) Aug. 19 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cattle Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Hyman Lundheimer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. B. Lundheimer

(Address) 2420 Madison Ave

15 Filed....., 19.. C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/17/1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1926, to Oct 17, 1926, that I last saw him alive on Oct 16, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Neural

(Signed) Wm. F. Mayer, M. D.

10/18, 1926 (Address) The Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheb Shalom Cem. Date of Burial 10/19/1926.

20 UNDERTAKER Baird Sondheim ADDRESS 1820 W. Mt. Royal Ave

OF DEATH in plain terms, and the cause of death may be certified to by a physician, or in case there is no physician, by the coroner. Each question must be answered or the certificate will be returned. The prompt and full answering of questions is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E, 15058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15058

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 S Broadway ST., 3-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Roach

(a) RESIDENCE NO. 402 S Broadway ST., 3 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Roach

6 DATE OF BIRTH (month, day, and year) Aug 9 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Roach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Anna Roach (Address) 1804 E Lombard St

15 Filed 19 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1926, to Oct 16, 1926, that I last saw h, M alive on Oct 16, 1926 and that death occurred, on the date stated above, at 9.30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) John Wade, M. D.

19 (Address) 118 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Oct 20 1926

20 UNDERTAKER Wendell Dipped. for 311 Ann St ADDRESS

C. THOMPSON JONES, M. D.

CAUSE OF DEATH in plain terms. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15059

CERTIFICATE OF DEATH.

E 15059

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 600 E. 28th St St. 4-3 Ward)

2-FULL NAME Bridget D. Lardner

(a) RESIDENCE NO. 600 E. 28th St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Dennis Lardner

6 DATE OF BIRTH (month, day, and year) Feb 29/1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	8	16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER L. McKhale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER K. Brogan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Dennis Lardner (Address) 600 E. 28th St

15 Filed ..... 19 ..... CHAMPION JONES M.D. Registrar

OCT 19 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis (Chronic)

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Acute Indugestion

..... (duration) .....yrs. .....mos. .....ds.

(Signed) J. E. Kaes M. D.

(Coroner)

10/18/26 (Address) 508 E "orth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. Date of Burial 10/19 1926

20 UNDERTAKER Mary M. Wiedefeld ADDRESS 601 E 22 St.

OF DEATH in plain terms, so that very important. See instructions on back of certificate.

Spec.—1-12-23—M1—500 Blks.

1958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15060

CERTIFICATE OF DEATH.

E. 15060

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-1 ST., ... WARD)

JOHNS HOPKINS HOSPITAL

2-FULL NAME Mrs. Sophie Grunbacher

(a) RESIDENCE NO. 824 St. Nicholas ST., N. Y. City WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S., if of foreign birth? — yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married -

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert H. Grunbacher

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	60	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Julius Stumbeft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hearts

(Address) .....

15 Filed ....., 19..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1926, to Oct. 18, 1926,

that I last saw h[illegible] alive on Oct 18, 1926

and that death occurred, on the date stated above, at 1.32 P m

The CAUSE OF DEATH* was as follows:

Brain Tumor, dural endothelioma

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Oct. 13-26

Was there an autopsy? Yes autopsy

What test confirmed diagnosis?

(Signed) George G. Finley, M. D.

10/18/26 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Hope Cemetery West Chester, N. Y.	10/19/26 19
20 UNDERTAKER David Londheim	ADDRESS 115 Lexington Royal Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15061
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 15061

Registered No.....

City of BALTIMORE: (No. 649 N. Fulton Ave St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary C. Davis

(a) Residence No. 649 N. Fulton Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. T. Davis

6-DATE OF BIRTH (month, day and year) April 24-1861

7-AGE, 65 yrs. 5 mos. 18 ds. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER, John G. Wetter.

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany.

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Lillian D. Shelley

(Address) 649 N. Fulton Ave

15-Filed OCT 19 1926 By C. HAMPTON JONES, M. D. Registrar.

Per R. R.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 17-26.

17- I HEREBY CERTIFY, That I attended deceased from October 1 1926 to Oct 17 1926.

that I last saw h.. alive on October 17 1926.

and that death occurred, on the date stated above, at 2.50 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 3 mos. ds.

18-Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Methods

(Signed) George C. Shannon M. D.

10/17, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Western Cem	Oct 20 1926
20-UNDERTAKER, E. Watkins Son	ADDRESS 1037 Hanover

Instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15062

REGISTERED NO. E. 15062

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No.) St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M'Gee

(a) RESIDENCE NO. 922 N. Calvert St. Ward Phila Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 2 weeks yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Operator

(b) General nature of industry, business, or establishment in which employed (or employer): 053

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER John P McGee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs Dorothy [illegible]

(Address) Philadelphia Pa

15 Filed ..... 19 .....

Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 19 26

17

I HEREBY CERTIFY, That I attended deceased from Oct 10, 19 26, to Oct 15, 19 26, that I last saw him alive on Oct 15, 19 26, and that death occurred, on the date stated above, at 4 30 P.M.

The CAUSE OF DEATH* was as follows:

Uraemia Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Motta, M. D.

10/15, 19 26 (Address) Mercy Hospital City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Am — Date of Burial 10/19 1926

20 UNDERTAKER: Robert Brooks & Son — ADDRESS Calhoun Hollins

OF DEATH in plain terms, as directed on back of certificates. very important. See instructions on back of cert.

DEC 10 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15063

CERTIFICATE OF DEATH.

74-00 E. 15063

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 311 N Caroline St 64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Grau

(a) RESIDENCE NO. 311 N. Caroline St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: late John Grau

6 DATE OF BIRTH (month, day, and year): Feb 22/69

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country): City

PARENTS

10 NAME OF FATHER Wm Emore

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Md.

14 Informant: Fred. Grau

(Address): 311 N. Caroline St

15 Filed OCT 19 1926, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct 17/26

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to Oct 17, 1926, that I last saw h.. alive on Oct 17, 1926, and that death occurred, on the date stated above, at 3.20 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 2 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Robert J Green, M. D.

10-18-1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 10/19 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

OF DEATH in plain writing, and very important. See instructions on back of certificate.

OCT 19 1926

Cor.—12-9-25—A Co.—200 Bks.

E, 15064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15064

113

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1010 Woodley St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME R. Whitmore Lindsay

(a) RESIDENCE NO. 1010 Woodley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~ yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Herbert H Lindsay

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ethel E. Woods

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant H H Lindsay

(Address) 1010 Woodley St

15 Filed....., 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abs Cause,

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) .....yrs. .....mos. .....ds.

(Signed) H. H. Lindsay M. D.

(Coroner)

19 24 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial Oct 19 1926

20 UNDERTAKER Geo W Little ADDRESS 2700 Edmondson Ave

OF DEATH in plain terms, so that it may be readily understood. Do not use abbreviations or very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 15065
REGISTERED NO.

E 15065
1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie A Thomas

(a) RESIDENCE NO. 1610 Gilbert Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of James R Thomas

6 DATE OF BIRTH (month, day, and year) Sept 14, 1851

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
75	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER Wm B ~~Hendrick~~ Sundrock

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER Eliz Hopkins

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: J. F. Hinkey

(Address): 336 James St

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct. 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-3-26, 19....., to Oct. 16, 1926

that I last saw h.. alive on Oct. 16, 1926

and that death occurred, on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma Head & Pancreas with Metastases

(duration) mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes Autopsy

What test confirmed diagnosis? Microscopic

(Signed) Wm B Sundrock, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL: St Annes Cem Annapolis Rd Date of Burial: Oct. 19 1926

20 UNDERTAKER: Geo W Little

ADDRESS

OF DEATH in plain terms, so that very important. See instructions on back of certificates.

OCT 19 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15066

E. 15066

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3015 Barclay St. 17-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelmina Friedenheim

(a) RESIDENCE NO. 3015 Barclay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S., if of foreign birth? 89 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F. Friedenheim

6 DATE OF BIRTH (month, day and year): Sept. 1, 1836

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
90	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER: Felix Klonkan

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Bruking

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Mrs. Wilhelmina Friedenheim

(Address) 3015 Barclay St.

15 Filed....., 19.....

Registrar

OCT 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1926, to Oct 17th, 1926;

that I last saw h.. alive on Oct 17th, 1926;

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) arterio-sclerosis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Eugene Douglas, M. D.

Oct 18 1926 (Address) 3043 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. Date of Burial Oct. 19 1926

20 UNDERTAKER: Wm Fletcher Sons ADDRESS Reisterstown Md

OF DEATH in plain terms, ... very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E, 15067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E, 15067

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1203 Chatham St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Malone Jr

(a) RESIDENCE NO. 1203 Chatham St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Malone

6 DATE OF BIRTH (month, day, and year): Jan. 1- 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Charlotte Co. Va

(State or country)

PARENTS

10 NAME OF FATHER: Moses Malone

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Lena Malone

(Address) 1203 Chatham

15 Filed _____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1926, to Oct 16, 1926, that I last saw him alive on Oct 12, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows: Valvular Disease of Heart

(duration) ____ yrs. 10 mos. ____ ds.

CONTRIBUTORY (Secondary): Diseased Valves

(duration) ____ yrs. 10 mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? na Date of ____

Was there an autopsy? na

What test confirmed diagnosis? Symptoms

(Signed) Thos J Wradley Jr, M. D.

10-18 1926 (Address) 903 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery Date of Burial 10-20 1926

20 UNDERTAKER: Samuel A Kinsley ADDRESS Madison

OF DEATH is plain and very important. See instructions on back of certificates.

Spec.—12-9-25—A-Co.—200 Bks.

E, 15068 HEALTH DEPARTMENT—CITY OF BALTIMORE

31 ✓ E, 15068

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 319 W. Hoffman St. 11-1 Ward)

2-FULL NAME Wm Henry Lyons

(a) RESIDENCE NO. 319 W. Hoffman St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurs 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Lyons

6 DATE OF BIRTH (month, day, and year): Jan 13 - 1877

7 AGE: Years 49 | Months | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): Op

(c) Name of employer

9 BIRTHPLACE (city or town): Germantown

(State or country): Pa.

PARENTS

10 NAME OF FATHER: Henry Lyons

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): Pa

12 MAIDEN NAME OF MOTHER: Elizabeth Wright

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country): Mass

14 Informant: Elizabeth Lyons

(Address): 319 W. Hoffman St

15 Filed_____, 19____ Registrar

OCT 19 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15th 11 P.M. 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10th, 1926, to Aug 15th, 1926, that I last saw h.... alive on Aug 15th, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Physical Exam

(Signed) L. K. Libman, M. D.

, 19 (Address) 711 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Lawn Date of Burial 8-19 26

20 UNDERTAKER: Samuel F. Hemsley ADDRESS 578 W. Baltimore St

OF DEATH in plain ... very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Blks.

Charlotte M Hall

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E, 15069

1 PLACE OF DEATH E, 15069

CITY OF BALTIMORE: (No. 756 McHenry St. WARD) 21-3

2-FULL NAME Charlotte M. Hall

(a) RESIDENCE NO. 756 McHenry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22-26

7 AGE: Years | Months 7 | Days 27 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elsie Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Henry Hall

(Address) 756 N. McHenry St.

15 Filed OCT 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/18 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/17, 1926, to 10/18, 1926, that I last saw h alive on 10/18, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hypostatic Lung

(duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert Dorsey, M. D.

, 19 (Address) 1 W Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Oct 20 1926
20 UNDERTAKER	ADDRESS
Geo. Leinlach Son	647 W Pratt

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E. 15070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. E. 15070

1-PLACE OF DEATH

City of BALTIMORE: (No. 1723 Pauls St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fijol

(a) RESIDENCE NO. 627 S. Montford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Katharine Fijol,

6 DATE OF BIRTH (month, day, and year) Unknown,

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Car repair

(b) General nature of industry, business, or establishment in which employed (or employer) R

(c) Name of employer B X O R.R.

9 BIRTHPLACE (city or town)

(State or country) Poland,

PARENTS

10 NAME OF FATHER Martin Fijol,

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland,

12 MAIDEN NAME OF MOTHER Sophia Hachut,

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland.

14 Informant Mrs. Katherine Fijol, Wife.

(Address) 1723 S. Montford Ave

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) G E Yates M. D.

(Coroner)

Oct 16 19 26 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
ST. STANISLAUS CEMETERY	Oct. 21 19 26.

20 UNDERTAKER	ADDRESS
M F. Sadauskis	705 S. Ann St

OF DEATH in plain terms, and do not use abbreviations or initials. The following items are very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15071

CERTIFICATE OF DEATH.

51

E, 15071

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 216 Colvin ST. 51 WARD)

2-FULL NAME Mary James Mitchell

(a) RESIDENCE NO. 216 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jerry Mitchell

6 DATE OF BIRTH (month, day, and year): May 7, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Sumpter North Carolina

PARENTS

10 NAME OF FATHER: Willis McCaskill

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant (Address): Martha Lewis 214 Colvin St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Oct 17, 1926, that I last saw her alive on Oct 17, 1926, and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Acute Rheumatic fever

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical

(Signed) George S. Allen, M. D.

Oct 18, 1926 (Address) 530 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem	10/20 1926
20 UNDERTAKER: Byron & Wright	ADDRESS 1218 McElderry St

TION is very important. See instructions on b

1 PLACE OF DEATH

E, 15072 x 44 J

STATE OF MARYLAND
CERTIFICATE OF DEATH

E, 15072

County E, 15072 Registration Dist. No. .....

Village or City Baltimore (No. 1236, Darley Ave (St.) 4-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lucetta Lowe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: W.

5 ~~SINGLE~~ MARRIED, ~~WIDOWED OR DIVORCED~~ (Write the word): Married

6 DATE OF BIRTH: May (Month) 5 (Day) 1860 (Year)

7 AGE: 66 yrs. ..... mos. ..... ds. If LESS than 1 day .... hrs. or .... min. ?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed or (employer): .....

9 BIRTHPLACE (State or country): York County Pa.

PARENTS

10 NAME OF FATHER: Morgan M. Jenkins

11 BIRTHPLACE OF FATHER (State or country): Penna

12 MAIDEN NAME OF MOTHER: Isabelle Scott

13 BIRTHPLACE OF MOTHER (State or country): Penna

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(informant) Benjamin Lowe
(Address) Whiteford Md

15 Filed ..... 192 ..... Registrar C. HARRISON JONES, M. D.

92020 RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October (Month) 19 (Day) 1926 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from June 9 1926 to Oct. 19 1926
that I last saw her alive on Oct. 19 1926,
and that death occurred on the date stated above, at 8 A. M.

The CAUSE OF DEATH * was as follows:

Carcinoma of liver

(Duration) Chronic

Contributory Secondary: Acute Cordiac Dilatation

(Duration) ..... yrs. ..... mos. 2 da.

(Signed) Wilbur H. Cummins M. D.

Oct. 19 1926 (Address) 3 N. Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death — yrs. 2 mos. 14 da. In the State 66 yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? Whiteford Md

Former or usual residence Whiteford Maryland

19 PLACE OF BURIAL OR REMOVAL: From Home Pa. Centre Cemetery Pa

DATE OF BURIAL: Oct 22 1926

20 UNDERTAKER: E Howard Webb

ADDRESS: Forest Glen Pa

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15073

CERTIFICATE OF DEATH.

90

E. 15073

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Harlem ave. ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lieut. John H. Peregoy

(a) RESIDENCE No. 1524 Harlem ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Musgrave P.

6 DATE OF BIRTH (month, day, and year) Sept 4-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired officer

(b) General nature of industry, business, or establishment in which employed (or employer) Police force 61

(c) Name of employer Balto. City Wash. D.C.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Nelson Peregoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ann E. Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Catherine S. Peregoy

(Address) 1524 Harlem ave.

15 Filed C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch. 15 1926 to Oct 17 1926, that I last saw him alive on Oct 1926, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Acute dilitation of Heart

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Marion W Shook, M. D.

19 (Address) 806 N. Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Oct 20 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 120 W. Baltimore St.

TION is very important. See instructions on back

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15074 (135)

E 15074

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 104 W. North Ave St. 17 Ward)

2-FULL NAME Henry W. Treakle

(a) RESIDENCE NO. 104 W. North Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Treakle

6 DATE OF BIRTH (month, day, and year) ~~Nov 21 1840~~ Report

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	85	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Virginia

PARENTS

10 NAME OF FATHER John Treakle

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Fannie Pierson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Virginia

14 Informant Howard Treakle

(Address) 309 Warren Ave

15 Filed Oct 19 1926 Registrar

Pay _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1926, to Oct 18, 1926, that I last saw him alive on Oct 18, 1926, and that death occurred, on the date stated above, at 3 10 P. m.

The CAUSE OF DEATH* was as follows:

Urinary retention

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (Secondary) Prostatism

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Dr. R. Riecke, M. D.

10/18, 1926 (Address) 3401 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Whitestone Va B.C. vault Date of Burial Oct 20 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Leghorn

OF DEATH on page 4 of certificates. See instructions on back of certificate. very important.

C. Addison Jones M. D.

Spec.—1-12-23—M&T—500 Bks.

E. 15075

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15075

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 Indiana Ave. ST. Westport 25 WARD)

REGISTERED NO. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ebert.

(a) RESIDENCE NO. 654 Indiana Ave. ST., Westport WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 19, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1 Day.			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 654 Indiana Ave.
(State or country) Westport Balto. Md.

PARENTS

10 NAME OF FATHER Kenneth Ebert.

11 BIRTHPLACE OF FATHER (city or town) Beaver Falls.
(State or country) Penn.

12 MAIDEN NAME OF MOTHER Adelia Smith

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Adelia Smith
(Address) 654 Indiana Ave.

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 15. 1926. to Oct 19. 1926.

that I last saw h~~is~~ alive on Oct 18. 1926.

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. Alexander Novey, M. D.

. 19 (Address) 1707 Westwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 19 1926
20 UNDERTAKER	ADDRESS
Nelson E. Stiles	231 Md Ave Westport.

Corr.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15076

CERTIFICATE OF DEATH.

66 E, 15076

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mm Hospital St. 21-3 Ward)

2-FULL NAME Hester Coleman

(a) RESIDENCE NO. 713 Eiston Av St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April ? 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Cumberland Md.

PARENTS

10 NAME OF FATHER George Coleman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Cora Smith

(Address) 711 Eiston St.

15 Filed....., 19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) C. E. Yates M. D.

(Coroner)

Oct 16, 1924 (Address) 1436 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Oct 30 1924

20 UNDERTAKER Mrs Jos. M. Dennis ADDRESS 1303 Presstman St

OF DEATH in plain terms, ... very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15077. E, 15077.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 Cedardale Road, Ashburton ST. 15-2 WARD)

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Archibald Hamilton Rowan Mc Creevy JR

(a) RESIDENCE NO. 3703 Cedardale Road ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? 54 yrs. 1 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept. 10th. 1872

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	1	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) City Hall
(c) Name of employer City of Balto.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Archibald H. R. McCreevy

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Frailey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Leonard F. McCreevy (Brother)
(Address) 5451 Ethelbert Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease about 2 yrs. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Auto accident (duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible], M. D. (Coroner.)

Oct. 15, 192 6 (Address) 210 E. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Oct. 20 192

20 UNDERTAKER STEUART & HOWEN COMPANY (WILLIAM F. HOWEN, Successor)

ADDRESS 106 W. NORTH AVE

C. CAMPBELL JONES, M. D.

Oct 20 1926

RKR

E, 15078 HEALTH DEPARTMENT—CITY OF BALTIMORE E, 15078

CERTIFICATE OF DEATH.

1 PLACE OF DEATH — REGISTERED No. C 1678

CITY OF BALTIMORE (No. Mount Hope Retreat St. 2611 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Peter Quinn

(Residence in Baltimore: No. Mt Hope Retreat — Transferred from Mt McHenry St. 1 yrs., 0 mos. 0 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Single

6-DATE OF BIRTH, Not Known about ....., 1851
(Month) (Day) (Year)

7-AGE, abt 75 yrs. 0 mos. 0 ds. If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Dairy

9-BIRTHPLACE, (State or Country). Ireland

PARENTS.

10-NAME OF FATHER, Patrick (?) Quinn

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (State or Country). Supposed Ireland.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Records of Mt Hope Retreat

(Address) Mt. Hope Retreat - Balto Md -

15-

Filed ....., 191.... C. JACKSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 18th, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) Query, find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

..... Senility by Surgery

..... (Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hernia Dyspepsia Bronchitis Acute

..... (Duration) 2 yrs. 0 mos. 0 ds.

(Signed) ... T. ... Hennessy ... M. D. (Coroner)

10/19/26, 1926 (Address) 2 E Fayette St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State Not Known yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Mt. Hope Retreat - Balto Md -

Former or usual residence. (?)

19-PLACE OF BURIAL OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Aug 20th, 1926

20-UNDERTAKER STEWART & HOWER COMPANY (WILLIAM F. HOOVER, Successor) — ADDRESS 108 W. NORTH AVE.

Important. See instructions on back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

E, 15079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15079

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Echodale Ave ST. 27-12 WARD) 75-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constant Seibert

(a) RESIDENCE No. 2136 Echodale Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Seibert

6 DATE OF BIRTH (month, day, and year): Jan 6 1853

7 AGE: Years 73 Months 9 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Fireman 122

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Balto City F. D.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Seibert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Mitchell (Address) 2136 Echodale Ave

15 Filed 10 9 1926 C. THOMPSON JONES, M. D. Registrar Per C.T.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/9 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1926, to Oct 9, 1926;

that I last saw him alive on Oct 8, 1926,

and that death occurred, on the date stated above, at 8:45 a. m.

The CAUSE OF DEATH* was as follows:

Uremia (Hemiplegia)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Prostatectomy

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. W. Mayer, M. D.

10/9 1926 (Address) 1500 E. 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 12 1926

20 UNDERTAKER: William Lackey & E. Madden — ADDRESS

TION IS VERY important

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15080

E, 15080

CERTIFICATE OF DEATH.

129

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1124 Ridgely St. 21-3 Ward)

2-FULL NAME Elvania Vance

(a) RESIDENCE NO. 1124 Ridgely St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred G.

6 DATE OF BIRTH (month, day, and year) Oct. 8. 1888

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
35		10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER John Gelbrey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Fred G. Vance

(Address) 1124 Ridgely St.

15 Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 26, to Oct 18, 19 26, that I last saw h alive on Oct 17, 19 26 and that death occurred, on the date stated above, at 9-10 a.m.

The CAUSE OF DEATH* was as follows:

Ch Int Neph.

(duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY .....

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) John G. Schwemberger M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Date of Burial Oct 20 19 26

20 UNDERTAKER Wm Cole ADDRESS 502 E North Ave

very important. See instructions on back of c

1926 C. KAMPOO JONES, M.D.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15081

E, 15081

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1617 N. Wolfe St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Dasch

(a) RESIDENCE NO. 1612 N Wolfe St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John Dasch

6 DATE OF BIRTH (month, day, and year) July 2nd 1847

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	3 mo	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nothing
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John E. Chamberlain

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa

12 MAIDEN NAME OF MOTHER Frances Mills

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mrs Paul Gross
(Address) 1612 N Wolfe

15 Filed 19 Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18 19 26

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1926, to October 16, 1926, that I last saw her alive on October 16, 1926, and that death occurred, on the date stated above, at 7 25 a. m.

The CAUSE OF DEATH* was as follows: 1
Uraemia Cone

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) J B Saunders, M. D.
19 (Address) 719 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Oct 21 1926

20 UNDERTAKER J M Cook ADDRESS 502 E North Ave

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15082

E, 15082

CERTIFICATE OF DEATH.

REGISTERED NO. 72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2449 Maryland St., 17 (Ward) 12-3

2-FULL NAME Robert C. Lockerman

(a) RESIDENCE NO. 2449 Maryland St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion S

6 DATE OF BIRTH (month, day, and year) Nov 19 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 166

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sword Bro.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thadeus Lockerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ann Lovejoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Marion S Lockerman

(Address) 2449 Maryland

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 19 1926

17 I HEREBY CERTIFY, That I attended deceased from ... 19 12, to Oct 19 ... 19 26,

that I last saw h[illegible] alive on October 19 ... 19 26,

and that death occurred, on the date stated above, at 7.30A m.

The CAUSE OF DEATH* was as follows:

Tabes Dorsalis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute nephritis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George M Settle M. D.

10/19/1926. (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friedenwald Fun

DATE OF BURIAL Oct 20 1926

20 UNDERTAKER H. M. Cook

ADDRESS 402 E Pratt

Oct 19 1926 C. THOMPSON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

96656

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15083

E, 15083

CERTIFICATE OF DEATH.

16-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

JOHNS HOPKINS HOSPITAL

2-FULL NAME John Wm Johnston

(a) RESIDENCE NO. 139 N. Wolfe ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 23 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Camp Meade Md.

PARENTS

10 NAME OF FATHER Edward Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Inay Johnston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar
9-1926 C. H. EMPSON JONES, M. D.
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1926, to Oct. 19, 1926, that I last saw him alive on Oct. 19, 1926 and that death occurred, on the date stated above, at 7 15 a.m.

The CAUSE OF DEATH* was as follows:

Dysentery, acute bacillary

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Stool Culture

(Signed) Howard A. Carmichael M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 21 1926

20 UNDERTAKER Kendall Dyer & Sons

ADDRESS 1 E. Saratoga St

Spec.—1-10-21—M&T—1500 Bks.

E. 15084

HEALTH DEPARTMENT—CITY OF BALTIMORE E. 15084

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 W. Mount St. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie Moore

(a) RESIDENCE No. 1513 W. Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 1871

7 AGE: Years 55 yrs. Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Louis Kell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

TION is very important. See instruc-

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1926, to Oct 19th, 1926

that I last saw her alive on Oct 19th, 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Insufficiency

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical

(Signed) Leo. H. Lautenbach, M. D.

10-19. 1926 (Address) 2215 W. Mount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address): Edna Lee Scott 1513 W. Mount St.

15 Filed ..., 19...

Registrar

PLACE OF BURIAL, CREMATION OR REMOVAL: W. Lawn

DATE OF BURIAL 10/22/1926

UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15085

REGISTERED NO. E, 15085

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 E. 22nd St St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah William Rineholt

(a) RESIDENCE NO. 809 E. 22nd ST St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Virginia Rineholt

6 DATE OF BIRTH (month, day, and year) Aug 25/1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Penna R. R.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wesley Rineholt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Sarah Mitchell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna

14 Informant Mary V. Rineholt

(Address) 809 E. 22nd ST

15 Filed ..... 19..... Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

10/19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial Oct 21 1926

20 UNDERTAKER W. Cook ADDRESS 502 E North Ave

Very important. See instructions on back of certificate.

OCT 20 1926

Spec.—1-12-23—M&T—500 Blks.

E. 15086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15086

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 14-1 ST., WARD)

2-FULL NAME Mrs. Emma Duvall

(a) RESIDENCE NO. Severna Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 22 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Isaac Duvall

6 DATE OF BIRTH (month, day, and year): Oct 29 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48		11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Severn Md.

PARENTS

10 NAME OF FATHER: Joseph Burtis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Caroline Landin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Isaac Duvall

(Address) Earleigh Heights Md

15 Filed ..... 19 ..... C. [illegible] JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/19/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 8/27, 1926, to 10/19/1926

that I last saw h[illegible] alive on 10/18, 1926

and that death occurred, on the date stated above, at 5 ft m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Terminal bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Intestinal Obstruction

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 3, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Chas F Whitehead, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Oct 22 1926
20 UNDERTAKER: John F Denny	ADDRESS: 715 Lis[illegible]

Spec—12-23-21—E.B.R.S.—400 Bks.

E. 15087 HEALTH DEPARTMENT—CITY OF BALTIMORE 179 E. 15087

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 312 W Hoffman St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite Ann Waters

(a) Residence No. 312 W Hoffman St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Benton Waters

6-DATE OF BIRTH (month, day and year) April 6, 1852

7-AGE, 74 yrs. 6 mos. 12 ds.

If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Cook

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer. Mrs. Conrad Rosier

9-BIRTHPLACE (city or town) (State or Country), Norfolk Va

PARENTS.

10-NAME OF FATHER, Jordan Wardrew

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Norfolk Va

12-MAIDEN NAME OF MOTHER, Jane Roots

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Norfolk Va

14- (Informant) Jane L. Russ
(Address) 312 Hoffman

15- Filed ..... 192.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 18. 1926.

17- I HEREBY CERTIFY, That I attended deceased from Oct 5 1926 to Oct 18 1926 that I last saw h.. alive on Oct 17 1926 and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Intramural

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis & Arteriosclerosis 2

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H Wright M. D.

Oct 19, 1926 (Address) 1209 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL. Oct 20 1926

20-UNDERTAKER Jno. O. H. Rochester — ADDRESS 1443 Jefferson St

INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15088 ✓ E 15088

E 15088

CERTIFICATE OF DEATH

159-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 27-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby (Boy) Glassbund.

(a) RESIDENCE NO. 4702 Pimlico Rd ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-18-1926

7 AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Ben Glassbund.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Harnzl

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia.

14 Informant Hosp. Records
(Address)

15 Filed ..... 19 ..... Registrar

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-19-1926

17 I HEREBY CERTIFY, That I attended deceased from 10-18 .19 26. to 10-18 .19 26.

that I last saw him ~~alive~~ on 10-18 .19 26.

and that death occurred, on the date stated above, at 2.55 P m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation of the Heart.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Patent Foramen Ovale.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinically & Pathologically

(Signed) Harry Weinstoub ..... M. D.

.19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rd. Carroll	10-19-1926

20 UNDERTAKER Jack Lewis, 1439 E Balto. ADDRESS

C 1 2 0 1926 ... JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15089

CERTIFICATE OF DEATH.

146

E 15089

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Penna ave ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie E Waters

(a) RESIDENCE NO. 1404 Penna ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33 34		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant C E Waters (Address) 1404 Penna ave

15 Filed OCT 20 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Oct 19, 1926, that I last saw her alive on Oct 14, 1926, and that death occurred, on the date stated above, at 3.05 A m.

The CAUSE OF DEATH* was as follows: Infection following Childbirth

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

10-19 1926 (Address) 248 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cem — DATE OF BURIAL Oct 21 1926

20 UNDERTAKER Daniel Easter — ADDRESS 916 Pa ave

Cor.—12-9-25—A Co.—200 Bks.

E, 15090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15090

CERTIFICATE OF DEATH.

100-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 728 N. Bruce St. 16-1 Ward)

2-FULL NAME Robert Dorsey

(a) RESIDENCE NO. 728 N Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20/726

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country) Md

PARENTS

10 NAME OF FATHER Wm E Dorsey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Boulon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Bessie Dorsey

(Address) 728 N Bruce St

15 Filed ..... 19 ..... Registrar

OCT 20 1926 HARRY JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 15 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) no other trouble

(duration) .....yrs. .....mos. .....ds.

(Signed) D. T. Turnbaugh, M. D.
(Coroner)

Oct. 16 1926 (Address) 728 N Bruce St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cem	Oct 20/26
20 UNDERTAKER	ADDRESS
Daniel Carton	Same

Use typewriter if possible. See instructions on back of certificate. Every question must be answered. Be very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1-1509 1

E 1-1509 1

CERTIFICATE OF DEATH.

161

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3458 Cardenas h. ST., 81 WARD)

2-FULL NAME Gertrude Leslie Collins

(a) RESIDENCE NO. 3458 Cardenas h. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 19, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Leslie A. Collins

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Gertrude M. Schultz

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co.
(State or country) Md.

14 Informant Leslie A. Collins
(Address) 3458 Cardenas Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1926, to Oct 19, 1926, that I last saw her alive on Oct. 19, 1926, and that death occurred, on the date stated above, at 950 A m.

The CAUSE OF DEATH* was as follows:

Unknown.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Brief Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. Robert Leech M. D.

Oct 1, 1926 (Address) 2502 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. — DATE OF BURIAL Oct. 20" 1926

20 UNDERTAKER Joseph B. Cook — ADDRESS 1002 W. Baltimore St.

TION is very important. See instructions

THOMPSON-JONES, M. D.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15092

CERTIFICATE OF DEATH.

16-5-90

E-15092

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 632 Bruce St ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Spessler

(a) RESIDENCE NO. 632 Bruce St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Spessler.

6 DATE OF BIRTH (month, day, and year) Sept. 19 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs or ..... min.
76.	1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co. Pa.

PARENTS

10 NAME OF FATHER Michael Schindler

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Co.

12 MAIDEN NAME OF MOTHER Mary Saul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Co. Pa.

14 Informant Mrs Charles Klemmer (Address) 632 Bruce St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 11th, 1926, to Oct 19th, 1926, that I last saw her alive on Oct 19th, 1926, and that death occurred, on the date stated above, at 8-20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1½ yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Usual

(Signed) H. D. Kammer, M. D.

Oct 19 1926 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Cem, York Co Pa	Oct. 23rd 1926
20 UNDERTAKER	ADDRESS
Geo. F. Bowers & Son	901 Hollins St.

. TION is very important. See instructions on reverse side.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E-15093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15093

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Parkside Drive ST.) 37-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Webster

(a) RESIDENCE. No. 1920 Parkside Drive ST.. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella E. Webster

6 DATE OF BIRTH (month, day, and year) Nov 30th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Peter Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mckesson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Ella E. Webster
(Address) 1920 Parkside Drive

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18- 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 . 1926 . to Oct 18- . 1926 .

that I last saw him alive on Oct 17 . 1926 .

and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute miliary Tuberculosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? microscopic exam of sputum

(Signed) Robert L. Caldwell M. D.

10 19 1926 (Address) 711 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood Cemetery — DATE OF BURIAL Oct 20 1926

20 UNDERTAKER J. B. Wiseman — ADDRESS 150 W Baltimore St

OCT 20 1926 C. HARRISON JONES, M.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 15094

CERTIFICATE OF DEATH.

E 15094

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 523 Pruetzman St. 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miranda Ridout

(a) RESIDENCE NO. 523 Pruetzman St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Irving Ridout

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE — Years: 47 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

10 NAME OF FATHER Isaac Mack

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Elgas Green

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant: Irving Ridout

(Address) 523 Pruetzman St

15 Filed (19) Registrar

very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 1926, to Oct 17 1926, that I last saw h.. alive on Oct 15 1926, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D M Card M. D.

(19) (Address) 2025 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Oct 20 26

20 UNDERTAKER: Samuel K Hensley ADDRESS 728 N Bdle

OCT 20 1926 JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

E-15095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E-15095

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No._____ St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Harris

(a) RESIDENCE NO. 42 E. Chase St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

15 Filed_____, 19____ Per _____ Registrar

C. HARRISON, M. D.

OCT 20 1926

very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18 1926.

17

I HEREBY CERTIFY, That I attended deceased from October 16, 1926, to October 18, 1926, that I last saw h.e alive on October 18, 1926, and that death occurred, on the date stated above, at 8 39 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Myocarditis

Myocardial Insufficiency

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ___ yrs. ___ mos. ? ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general Laboratory

(Signed) R Hooper Smith, M. D.

Oct. 19 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Zion Ct	Oct 21 1926

20 UNDERTAKER	ADDRESS
W L Brown & Son	1084 Monty

Spec- 12-23-21—E.B.R.S.—400 Bks.

E. 15096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15096

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1219 Lemmon alley St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Ella M Dupre

(a) Residence No. 1219 Lemmon alley St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed or Divorced, (Write the word.) Wid

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Dupre

6-DATE OF BIRTH (month, day and year) Unknown.

7-AGE. 61 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Va.
(State or Country).

PARENTS.

10-NAME OF FATHER, Don't know

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country).

12-MAIDEN NAME OF MOTHER, Don't Know

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country) Don't Know

11- (Informant) Mary Jackson

(Address) 1216 Fullmore

15- Filed..... 192.... C. [illegible] Jones, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 18 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 4 1926 to Oct 18 1926

that I last saw h. alive on Oct 18 1926

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cer Intestitial nephritis

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

Ulcer (Duration) ..... yrs. ..... mos. 20 ds.

18-Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Claude M. D.

Oct 19. 1926 (Address) 1524 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn DATE OF BURIAL: Oct 21 1926

20-UNDERTAKER, J. L. Bronston ADDRESS 108 Mason St

Spec.—12-9-25—A Co.—200 Blks.

E, 15097

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15097

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2900 Garrison Ave St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Green Laroque

(a) RESIDENCE NO. 2900 Garrison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lt. Regis B. Laroque

6 DATE OF BIRTH (month, day and year) March 7-1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER James Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Henrietta Long

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Lt. Regis B. Laroque

(Address) 2900 Garrison Ave

CHARLES JONES, M. D.

15 Filed ..... 19.. Registrar

Per .....

very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/12 1924, to Oct. 18, 1926, that I last saw h.. alive on Oct 17, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency + Generalized Adenosa

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Cardio Renal disease

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur H. Schmeisser, M. D.

10/18/26 (Address) 2806 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial 10/20 1926

20 UNDERTAKER Chas F. Haus & Son ADDRESS 118 West Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

E, 15098 HEALTH DEPARTMENT—CITY OF BALTIMORE E, 15098

CERTIFICATE OF DEATH. 24-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 W. Lexington St. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Sonnenburg

(a) RESIDENCE NO. 1921 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Theodore Sonnenburg

6 DATE OF BIRTH (month, day, and year) Oct 12/848.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	77	II 0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Wachter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E, Fraske

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles E. Sonnenburg

(Address) 1921 W. Lexington St.

15 Filed OCT 20 1926 . 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 . 1926. to Oct 18 . 1926

that I last saw her alive on Oct 17 . 1926.

and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chron. Arterio-sclerosis

(duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Gbarnell Lockard M. D.

Oct 19 1926 (Address) 45 Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 20 1926

20 UNDERTAKER Harry H. Witzke ADDRESS 5311 W. Lombard

TION IS very important

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15099

CERTIFICATE OF DEATH.

46

REGISTERED E 15099

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 367 Ward)

2-FULL NAME Edith Johnson

(a) RESIDENCE NO. ~~417 N Eutaw~~ St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
53.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Mary Smith

(Address) 924 Eutaw St

15 Filed ..... 19 ..... Registrar

(THOMPSON JONES, M. D.)

OCT 20 1926

very important. See instructions on back of

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 16. 1926

17

I HEREBY CERTIFY, That I attended deceased from August 11, 1926, to Oct. 16, 1926, that I last saw h alive on Oct. 16, 1926, and that death occurred, on the date stated above, at 2 37 p m.

The CAUSE OF DEATH* was as follows: (1) Carcinoma of Cervix with metastases.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? None

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Wm Boyce M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cy Date of Burial Oct 20 1926

20 UNDERTAKER Leonard Whalen ADDRESS 308 Mulberry

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15100

REGISTERED NO. E 15100

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital (If not in hospital, write word)

2-FULL NAME Edward Wilson

(a) RESIDENCE NO. 1027 E. St Spanus pl. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Felicia Wilson

6 DATE OF BIRTH (month, day, and year) September 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Bethlehem Steel Co)

(b) General nature of industry, business, or establishment in which employed (or employer) Bethlehem

(c) Name of employer Steel Company

9 BIRTHPLACE (city or town)..... Va.

(State or country)

PARENTS

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town)..... Va

(State or country)

12 MAIDEN NAME OF MOTHER Elenor Hamilton

13 BIRTHPLACE OF MOTHER (city or town)..... Va

(State or country)

14 Informant (Address) Felica Wilson 1027 E. St. Spanus

15 Filed..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of spine (accidental) (Bethlehem Steel) (duration) .....yrs. 4 mos. 20 ds.

CONTRIBUTORY (Secondary) Caught between cars (duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Leonard M. D. (Coroner)

Oct. 20 1926 (Address) 2802 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lunenburg co. Va Date of Burial 10/20/26

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1225 Westland Ave

very important. See instructions on back of certificate

OCT 20 1926

Spec.—12-9-25—A Co.—200 Bks.

Gruetter

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15101

90

E, 15101

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No._____ St. N-S Ward)

2-FULL NAME Philapina Gruetter

(a) RESIDENCE NO. 1921 McHenry St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Guschutz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Busch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant City Hospital Records

(Address)

15 Filed_____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 17 1926

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1926, to October 17, 1926, that I last saw h.. alive on October 17, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocardial Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) R Hooper Smith, M. D.

Oct 18 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Oct 21 1926

20 UNDERTAKER J Hannah Nagles ADDRESS 1004 Riggs st

very important. See instructions on back of

(Hohnberger)

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15102

CERTIFICATE OF DEATH.

46

E. 15102

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Edmondson Ave ST. 46-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Vera Hohenberger

3a) RESIDENCE. No. 1207 Edmondson Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Donald R. Hohenberger

6 DATE OF BIRTH (month, day, and year) 1894.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hawk. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Mc Colough

11 BIRTHPLACE OF FATHER (city or town) (State or country) ~~John~~ Balto Md

12 MAIDEN NAME OF MOTHER Mary A. Feeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Donald Hohenberger
(Address) 1207 Edmondson Ave

15 Filed . 19 Per Registrar

C. LLEWELLYN JONES, M. D.

R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct . 1925 . to Oct 18 . 1926.

that I last saw h~~e~~r alive on Oct 16 . 1926.

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Sysamous celled
Carcinoma cervix
? uterus

(duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis + Cardiac dilatation (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Hayward M. D.

(2206 6 Address) 225 W Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ethical Cemetery	10/20/26

20 UNDERTAKER J. J. Fahey Son ADDRESS 1318 Eutaw St

TION is very important. See INSTRUCTIONS on back of

20 1329

Cor.—12-9-25—A Co.—200 Bks.

Prem

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15103

E. 15103

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp 14-1 St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernest Prynn

(a) RESIDENCE NO. 17 Jamis St. Pennfield Rd Bristol England St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. / ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Britsh Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 55 Yorkmoor

9 BIRTHPLACE (city or town) Eng Land

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs Hall Records

(Address) Greene and Lombard Sts.

15 Filed ____ 19 C. TAYLOR JONES, M.D.

Registrar

very important. See instructions on back of

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/5 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured L femur & Lacerated Cerebral Hemorrhage & Cerebral Pulmonary Oedema

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Samuel A Levin M. D.
(Coroner)

, 19 (Address) 325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Druid Park Cem	Oct 20 19 24

20 UNDERTAKER Oscar P. Cook ADDRESS 1003 N. Calvert St

Spec—12-23-21—E.B.R.S.—400 Bks.

Hartel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15104

CERTIFICATE OF DEATH.

111-001

E 15104 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 304 Little Rock St. 18-1 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Hartel

(a) Residence No. 304 Little Rock St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 5 mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, white

5-Single, ~~Married, Widowed, or Divorced.~~ (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) May 17/79

7-AGE, 47 yrs. 5 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: labourer

(b) General nature of industry, business, or establishment in which employed (or employer): dont know

(c) Name of employer: .....

9-BIRTHPLACE (city or town) Baltimore (State or Country), Md

PARENTS.

10-NAME OF FATHER, Thomas Hartel

11-BIRTHPLACE OF FATHER (city or town) Germany (State or Country),

12-MAIDEN NAME OF MOTHER, Elizabeth Stengle

13-BIRTHPLACE OF MOTHER (city or town) Md (State or Country),

14- (Informant) Mrs D Krentberg

(Address) 1023 Boyd st

15- Filed OCT 20 1926 C. HAMPSON JONES, M. D. Registrar.

R.F.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 19 1926.

17- I HEREBY CERTIFY, That I attended deceased from Oct 18, 1926, to Oct 19, 1926, that I last saw h[illegible] alive on Oct 18, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows: Probable perforating gastric ulcer.

(Duration) about yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) acute peritonitis

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Date of .....

Was there an autopsy? no

What test confirmed diagnosis? personal visit

(Signed) H. C. Kruth, M. D.

Oct 19, 1926 (Address) 602 N Lansdowne

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn — DATE OF BURIAL, Oct 21st 1926

20-UNDERTAKER, John J Fields — ADDRESS 1200 N Lombard

Cor.—12-9-25—A Co.—200 Bks.

E, 15105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 199 E, 15105

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary a Kahl

(a) RESIDENCE NO. Fullerton, Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John C. Kahl

6 DATE OF BIRTH (month, day, and year): July 20/1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER Peter Cook

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown-Probably Germany

12 MAIDEN NAME OF MOTHER Theresa Butt

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Prob.-Balto. Co., Md

14 Informant Henry C. Lassahn

(Address) Fullerton Md

15 Filed.....19.....

Registrar

very important. See instructions on back of

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Peritonitis-self induced abortion.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Means employed undetermined

(duration) .....yrs. .....mos. .....ds.

(Signed) J. J. Kahn, M. D.

(Coroner)

10/19/26 (Address) 508 E. orth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In the City of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Joseph's Cemetery — Date of Burial: Oct 21, 26

20 UNDERTAKER: Frederick Lassahn & Sons — ADDRESS: Fullerton

OCT 20 1926 Pct K/K

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15106

CERTIFICATE OF DEATH.

31 E, 15106

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2230 E. Madison St., 7 Ward)

2-FULL NAME Anna Rausch

(a) RESIDENCE NO. 2230 E. Madison St. 7 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15 1905

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
21 years	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cashier in

(b) General nature of industry, business, or establishment in which employed (or employer) Dept. Store

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Rausch Jr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Theresa Schraub

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant (Address) John Rausch Jr 2230 E. Madison St.

15 Filed ..... 19..... C. HAMPSON JONES, M.D. Registrar

Per .....

very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct. 18th

17

I HEREBY CERTIFY, That I attended deceased from March, 19 26, to Oct 18, 19 26,

that I last saw h[illegible] alive on Oct. 18, 19 26,

and that death occurred, on the date stated above, at 11 39 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address) 2230 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	Oct. 21st 1926
20 UNDERTAKER	ADDRESS
Lilly - Zeller	403 S. Wolfe St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15107

E-15107

129

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No._____ St., 17-1 Ward)

2-FULL NAME Solomon Bailey

(a) RESIDENCE NO. 1107 Brewer St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O H O

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) ?

14 Informant City Hospital Records

(Address)

15 Filed_____ C. HAMPSON JONES, M. D. Registrar

0744 ARW

very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 16 1926

17

I HEREBY CERTIFY, That I attended deceased from August 16, 1926, to October 16, 1926, that I last saw him alive on October 15, 1926, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis, Hypertension Chronic Nephritis, Chronic Myocarditis

(duration) ? yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of_____

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Poopu Smith, M. D.

at 18 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
OCT 19

Spec.—12-9-25—A Co.—200 Bks.

E 15108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15108

90

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St. 23-1 Ward)

2-FULL NAME William Love

(a) RESIDENCE NO. 1118 E. Pratt St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER George Love

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Harriet —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant City Hospital Records

(Address)

15 Filed _____, 19____ _____ Registrar

0746

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 17 1926

17

I HEREBY CERTIFY, That I attended deceased from September 11, 1926, to October 17, 1926, that I last saw him alive on October 16, 1926, and that death occurred, on the date stated above, at 2 35 A m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency
Chronic myocarditis

(duration) ? yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ____ yrs. ____ mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R Hooper Smith, M. D.

Oct 18 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER ADDRESS

very important. See instructions on back of

BALTIMORE CITY HOSPITALS
UNIVERSITY OF MARYLAND
Oct 20 1926
C. PATTERSON JONES M. D.
Major Medical Corps
Registrar of Vital Statistics
Baltimore, Md.

Spec.—12-9-25—A Co.—200 Bks.

E, 15109

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E, 15109

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Brooklyn md

City of BALTIMORE: (No. 5-38 Washington Ave Ward)

2-FULL NAME Annie Gertrude McCarthy

(a) RESIDENCE NO. 5-38 Washington St Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John. W. McCarthy

6 DATE OF BIRTH (month, day, and year): April 17 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	5-8	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore md

PARENTS

10 NAME OF FATHER Henry Mayers

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Kate Wagner

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore md

14 Informant: John. W. McCarthy

(Address) 5-38 Washington Ave

15 Filed Oct 20 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1926 to Oct 19, 1926

that I last saw h... alive on Oct 19, 1926,

and that death occurred, on the date stated above, at 6.40 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? *

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] Campbell, M. D.

Oct 19, 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery Date of Burial Oct 22 1926

20 UNDERTAKER: Jos Joerdens Son ADDRESS 217 S Pac

very important. See instructions on back of

OCT 20 1926 [illegible]

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Se Katzenberg

E 15110

CERTIFICATE OF DEATH.

Oct 31

E 15110

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2207 N. Pratt St., 20th Ward)

2-FULL NAME Ida J. Munkley

(a) RESIDENCE NO. 2207 N. Pratt St. 20th Ward

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of John J. Munkley

6 DATE OF BIRTH (month, day, and year) Nov 27-1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER Edward Perina

11 BIRTHPLACE OF FATHER (city or town) Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER Marie Klafka

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant

(Address) 2207 N. Pratt

15 Filed ..... 19 .....

Per .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926, to Oct 19, 1926, that I last saw h.e.r alive on Oct 19, 1926, and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 4 yrs. 10 mos. Days

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No Physicians findings

What test confirmed diagnosis?

(Signed) James L. Kostopulos M. D.

10/19 1926. (Address) 1729 E Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial 1926

20 UNDERTAKER F. B. Wippert — ADDRESS 1850 W Baltimore St

very important. See instructions on back of

C. J. Peterson Jones M.D.

1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E,15111 HEALTH DEPARTMENT—CITY OF BALTIMORE E,15111

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH
City of BALTIMORE, (No. 3005 Studeland St., 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ehalt.

(a) Residence No. 3005 Studeland St., 20th Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Marie Ehalt

6-DATE OF BIRTH (month, day and year) Oct. 25th 1846

7-AGE, 79 11 24
80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant
(c) Name of employer

9-BIRTHPLACE (city or town), (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Jacob Ehalt

11-BIRTHPLACE OF FATHER (city or town), (State or Country), Germany

12-MAIDEN NAME OF MOTHER Marie Anstadt

13-BIRTHPLACE OF MOTHER (city or town), (State or Country), Germany

14- (Informant) Mrs Fred Ehalt
(Address) 3005 Studeland St

15-
Filed ..... 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) October 19 1926

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1926, to October 19, 1926, that I last saw h.. alive on October 19, 1926, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation

(Duration) some yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. W. Fisher M. D.

10/26, 1926 (Address) 2430 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Loudon Park DATE OF BURIAL, Oct 22nd, 1926

20-UNDERTAKER H. B. Hilgert ADDRESS 1852 Pleasant St

...pec.—1-12-23—M&T—500 Blks.

E,15112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E,15112

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2573 Frederick Rd ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward James Surrey

(a) RESIDENCE No. 2573 Frederick Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jany. 5/24

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	2 Two	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Raymond J. Surrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Edna A. Hoopes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Raymond J. Surrey (Address) 2573 Frederick Rd

15 Filed ..... 1926 ..... 19 ..... RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18th 1926

17

I HEREBY CERTIFY, That I attended deceased from October 14th, 1926, to October 18th, 1926.

that I last saw him alive on October 18th, 1926

and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) J. B. Culverhouse, M. D.

10/18/1926 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 21st 1926

20 UNDERTAKER H. S. Wagner ADDRESS 1033 W. Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15113

CERTIFICATE OF DEATH.

101-001

E. 15113

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 131 East Hughes ST. 22-2 WARD)

2-FULL NAME Margaret D. McKeown.

(a) RESIDENCE NO. 131 East Hughes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 17-1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John. A. McKeown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ida Dolsch.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) John A. McKeown 131 East Hughes St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 18 1926. to Oct 19 1926.

that I last saw him alive on Oct 19 1926.

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A. Schenuit, M. D.

19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Oct 21 1926

20 UNDERTAKER F. A. Franceson Son

ADDRESS 703 Hanover

DEC 1 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15114

CERTIFICATE OF DEATH.

E-15114

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 Belmont ave ST., 10-2 WARD)

2-FULL NAME Julia Gertrude Robinette

(a) RESIDENCE NO. 24 Belmont ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: John. H. Robinette

6 DATE OF BIRTH (month, day, and year): June 20 1869.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57.	3 5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer): Housewife

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John. H. Haig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia Hiko

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: John. H. Robinette

(Address): 24 Belmont ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 18th, 1926, to Oct 19, 1926.

that I last saw her alive on Oct 18, 1926.

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Pneumonia

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetis mellitus

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Palpation and obstetrical

(Signed) Emmett Jones, M. D.

10/27, 1926 (Address) 2802 Roslyn ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 22 1926

20 UNDERTAKER: F. C. Krause & Son — ADDRESS: 703 Hanover

E-15115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9-1167-006

E-15115
Registered No. C.....

1-PLACE OF DEATH
City of BALTIMORE: (No. 726 E. 35th St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Lee Osbourne

(Residence in Baltimore: No. 726 E. 35th St.; yrs. 50 mos. 7 ds. 8)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. Dec. (Month) 30 (Day) 1868 (Year)

7-AGE. 57 yrs. 9 mos. 18 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer). 062

9-BIRTHPLACE. (State or Country). C.A.Co. Md.

PARENTS.

10-NAME OF FATHER. Benj. Osbourne

11-BIRTHPLACE OF FATHER. (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Sarah Hancock

13-BIRTHPLACE OF MOTHER. (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Blanche Osbourne

(Address) 726 E. 35th St.

15-
Filed OCT 21 1926 192.
THOMSON JONES, M.D.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct. (Month) 18 (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Asphixiation

Suicide

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary).....

.....(Duration).....yrs.....mos.....ds.

(Signed) J. H. Collins M. D.
(Coroner)

10/19/26 192. (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. Oct. 21 19 26

20-UNDERTAKER. Wm Tickner & Sons ADDRESS North & Pa

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15116

CERTIFICATE OF DEATH.

129

E. 15116

REGISTERED NO.

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 15-5 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Webb Saulsbury

(a) RESIDENCE No. 3503 Powhatan Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edith Todd Saulsbury

6 DATE OF BIRTH (month, day, and year) Feb 12 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	40	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Purchasing

(b) General nature of industry, business, or establishment in which employed (or employer) Agent

(c) Name of employer Chesapeake & Potomac Tels

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James A Saulsbury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clara Vandergrift

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs Edith T Saulsbury

(Address) 3503 Powhattan Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8 1926 to Oct. 19 1926, that I last saw him alive on Oct. 18 1926, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 9 yrs. history ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lippay, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Oct 22 1926

20 UNDERTAKER J. J. Dickson & Son

ADDRESS North Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15117

CERTIFICATE OF DEATH.

E-15117

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. ST. 15-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Nettie C. Gregory

(a) RESIDENCE NO. 3500 Copley Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter J. Gregory

6 DATE OF BIRTH (month, day, and year) Dec 13 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER John A Diana

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Mary C. Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Mr Walter J. Gregory

(Address) 3500 Copley Rd.

15 Filed ....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-17-1926

17 I HEREBY CERTIFY, That I attended deceased from 10-12, 1926, to 10-17, 1926

that I last saw h.. alive on 10-17, 1926

and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Myoma Uteri

Chronic Appendicitis

Sar-o-Varian Cyst.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 2-17-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Jno A Foreman M. D.

, 19 (Address) 1 West Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Oct 20th 1926
20 UNDERTAKER	ADDRESS
Jno J Jackson & Sons	Balto

Spec.—12-9-25—A Co.—200 Bks.

E, 15118

HEALTH DEPARTMENT—CITY OF BALTIMORE

3 | E, 15118

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hosp. Ward) 16-2

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Lucas.

(a) RESIDENCE NO. 859 Vine St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced.-(write the word)
Male	Colored.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Lena Mathews

(Address) 507 S Green St

15 Filed ..... 19 ..... Registrar

very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1926, to Oct. 19, 1926, that I last saw h. l. alive on Oct. 19, 1926; and that death occurred, on the date stated above, at 7.45 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

Tuberculous laryngitis.

Uremia - secondary.

(duration) ? yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W E Mathews, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cem Date of Burial Oct 19 1926

20 UNDERTAKER J Leon Hall ADDRESS 707 Dolphin St

Cor.—12-9-25—A Co.—200 Bks.

Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15119

113

E 15119

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1509 Shields St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Jones

(a) RESIDENCE NO. 1509 Shields St. 21 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 22, 7

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
3		3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Unknown

(Address) 1509 Smith St

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colio - Colitis

(duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown history

(duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Heuisler M. D.

(Coroner)

Oct. 27, 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem Oct 29 1926

Date of Burial

ADDRESS 753

20 UNDERTAKER J. Leon Hall Doepkin

very important. See instructions on back of

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15120

CERTIFICATE OF DEATH.

E. 15120

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 22-1 Ward)

2-FULL NAME John Lewis

(a) RESIDENCE NO. 704 Plum Alley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) West Indies

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 19 1926

17

I HEREBY CERTIFY, That I attended deceased from September 20, 1925, to October 19, 1926, that I last saw h.. alive on October 19, 1926, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Senility

Cerebral Sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hagan Lumpkin, M. D.

Oct. 20 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion — Date of Burial Oct. 21 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

very important. See instructions on back of Certificate.

Cor.—12-9-25—A Co.—200 Bks.

Gross

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 1512I.

CERTIFICATE OF DEATH.

89 E, 1512I

1-PLACE OF DEATH

City of BALTIMORE: (No. 725 Ryan St., 21-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Gross

(a) RESIDENCE NO. 725 Ryan St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Gross

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Henry Butler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Bundy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant John Gross

(Address) 745 Ryan St

15 Filed....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/15 192 6

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Valvular Disease Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Albert Fisher M. D.

(Coroner)

, 19 (Address) 3325 Park Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn	Oct 21 1926

20 UNDERTAKER	ADDRESS
John H. Woodin	1027 Wood Hill

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15122

CERTIFICATE OF DEATH.

24-001

E-15122
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2447 N. Calvert ST. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E. Evans

(a) RESIDENCE NO. 2447 N. Calvert ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard B. Evans

6 DATE OF BIRTH (month, day, and year) Oct. 25. 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	84	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Creamer

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Cornelia Davis

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Nellie Evans Hall
(Address) 2447 N. Calvert St.

15 Filed ..... 19 ..... Registrar

TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1926, to Oct 20, 1926

that I last saw h[illegible]alive on Oct 19, 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

(Address) 622 W. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Oct 21 1926
20 UNDERTAKER. John O. Mitchell	ADDRESS 1201 W. Fayette St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15123

E-15123

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 500 Woodlawn Road ST. 47-6 WARD)

2-FULL NAME George Gurdon Tyler

(a) RESIDENCE NO. 500 Woodlawn Road WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Goodenow Tyler

6 DATE OF BIRTH (month, day, and year) Nov 23. 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	85	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo Gurdon Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Susan Bancroft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Edgar L. Heaver

(Address) 500 Woodlawn Road

15 Filed ..... 19 ..... Registrar

TION is very important. Be accurate

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept- 22, 1924, to Oct-11, 1926.

that I last saw him alive on Oct 18-, 1926.

and that death occurred, on the date stated above, at 3.30a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Last attack three days

(duration) 2 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) M. Gibson Porter, M. D.

10/20 1926 (Address) 1122 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem

DATE OF BURIAL Oct 22 1926

ADDRESS

20 UNDERTAKER John O. Mitchell 1201 W. Fayette St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15124 E, 15124

CERTIFICATE OF DEATH.

16-3 57

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. 1009 Poplar Grove ST.) (WARD)

2-FULL NAME Ida C. Chesley

(a) RESIDENCE NO. 1009 Poplar Grove ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Chesley

6 DATE OF BIRTH (month, day, and year): May 30 1862

7 AGE — Years: 64 Months: 4 Days: 20 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Miles Hudgins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Elizabeth Church

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Geo. Chesley

(Address) 1009 Poplar Grove St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Oct 19, 1926,

that I last saw her alive on Oct 19, 1926,

and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. S. Niblett M. D.

19 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 22 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15125

CERTIFICATE OF DEATH.

46

E 15125

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2682 Delaney St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian A Weaver

(a) RESIDENCE NO. 2682 Delaney St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S., If of foreign birth? ____ yrs. ____ mo. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James M Weaver.

6 DATE OF BIRTH (month, day, and year) June 30 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) West Va

PARENTS

10 NAME OF FATHER John R. Lewis

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va

12 MAIDEN NAME OF MOTHER Frances Miller

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) West Va.

14 Informant Mrs James M Weaver

(Address) 2682 Delaney St.

15 Filed _____ 19____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

21 Oct 1926

17

I HEREBY CERTIFY, That I attended deceased from 21 Oct 1926, to 21 Oct 1926, that I last saw h.. alive on 21 Oct 1926, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) anemia

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? yes Date of 1 Dec 1925

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Z Vancedrother, M. D.

(Address) 2565 Fleet Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 25 Oct 1926

Mt. Hebron Cem Woodlawn Rd

20 UNDERTAKER John F Loveman & Son — ADDRESS

Chas F. J. Loveman. 901 Madison Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15126
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 15126
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1638 Cliftview Ave ST., 8-1 WARD)

2-FULL NAME George F. Bosson

(a) RESIDENCE No. 1638 Cliftview ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced)
HUSBAND of ~~or WIFE of~~ late Julia Bosson

6 DATE OF BIRTH (month, day, and year) June 19/50

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Upholster
(b) General nature of industry, business, or establishment in which employed (or employer) 85
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Jamis W. Bosson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Mary Fielding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edith V. Bosson
(Address) 1638 Cliftview Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 21st 1926 to Oct 18 1926
that I last saw him alive on Oct 18 1926
and that death occurred, on the date stated above, at 6.00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocardial insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geo. H. Bolton Bach M. D.

(Address) 2215 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	10/22 1926
20 UNDERTAKER	ADDRESS
Rita Wiedefeld	914 Fremont

Spec.—12-9-25—A Co—200 Bks.

E 15127

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

CERTIFICATE OF DEATH.

E 15127

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Kelly

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1841

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
85	~~1941~~			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gen

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Kelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Lanner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

very important. See instructions on reverse side.

14 Informant Sister Josephine

(Address) Little Sisters of the Poor

15 Filed Oct 20 19 26

Per K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct 19 26

17

I HEREBY CERTIFY, That I attended deceased from

No record, 19..... to Oct 18, 19 26,

that I last saw him alive on Oct 18, 19 26

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Oct 20 19 26 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cem 10/21 19 26

20 UNDERTAKER ADDRESS

Rita Wadsfield 914 Gunmet

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.15128

CERTIFICATE OF DEATH.

90

REGISTERED NO. E.15128

1-PLACE OF DEATH

City of BALTIMORE: (No. 213 N. Wolfe St St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Katz

(a) RESIDENCE NO. 213 N. Wolfe St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Katz

6 DATE OF BIRTH (month, day, and year) Apr 15/1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Daniel Katz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Chail unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Rose Katz

(Address) 213 N. Wolfe ST

15 Filed....., 19 ..... Registrar

very important. See instructions on reverse side.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) ..... M. D.

(Coroner)

10/21/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run Oct 21 1926

Date of Burial

20 UNDERTAKER S. Levinson Bro Bodies to

ADDRESS 1172 E

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15129 — CERTIFICATE OF DEATH. — E, 15129

1-PLACE OF DEATH 1515 Aisquith Street — REGISTERED NO. 1001

CITY OF BALTIMORE: (No. Hebrew Home for aged ST. WARD 15-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shifra Becker — Becker

(a) RESIDENCE NO. Hebrew Home, August St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Becker

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	88	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) old age

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Becker

(Address) 3106 Fremont Ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10, 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 18th 1926 to Oct 20th 1926.

that I last saw her alive on Oct 20th 1926.

and that death occurred, on the date stated above, at 10. a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Agn

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Lebovitz M. D.

10 20 1926 (Address) 711 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel	10/21 1926
20 UNDERTAKER	ADDRESS
Jack Levin	1439 Eutaw St

OCT 21 1926 T. H. JACKSON JONES, M.D.

c.—1-12-23—M&T—500 Blks.

Harrington

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15130

CERTIFICATE OF DEATH.

1-16-02

E 15130

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital ST., 4-1 WARD)

2-FULL NAME Richard Harrington.

(a) RESIDENCE NO. Savage, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): infant.

6a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 21, 1926.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	6.	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. (d)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Savage, Md.

PARENTS

10 NAME OF FATHER Ashby Harrington.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Alice Alexander.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant (Address) Brother.

15 Filed , 19 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1926, to Oct. 20, 1926, that I last saw him alive on Oct. 20, 1926 and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pneumonia. three days.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Savage, Md.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? None.

(Signed) Elizabeth B. Thomas, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savage Md

DATE OF BURIAL: 10/22/26

20 UNDERTAKER: Geo. E. French

ADDRESS: Laurel Md

Spec.—1-10-21—M&T—1500 Bks.

E-15131 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-15131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 50 Roland Court ST., 7 WARD)

2-FULL NAME Adelaide C Sutler

(a) RESIDENCE NO. 50 Roland Court ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J Howard Sutler

6 DATE OF BIRTH (month, day, and year) Feb 28, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	65	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Samuel C Clagett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant J Howard Sutley

(Address) J 50 Roland Court

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17

I HEREBY CERTIFY, That I attended deceased from August, 1926, to Oct 24 1926, that I last saw her alive on Oct 19th, 1926, and that death occurred, on the date stated above, at 7.35 P m.

The CAUSE OF DEATH* was as follows:

Coronary Artery Occlusion

Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary Artery Occlusion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Investigation

(Signed) Chas. W. Cousins M. D.

Oct 26 1926 (Address) 9 E Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Oct 27 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North ave

Sec.—1-12-23—M&T—500 Blks.

Dr McClary 1100 N Bryson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15132

CERTIFICATE OF DEATH.

E. 15132

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 Pennsylvania Ave ST., 15-13 WARD)

2-FULL NAME Charles A. Erick, Sr

(a) RESIDENCE NO. 2414 Pennsylvania Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosanna Erick

6 DATE OF BIRTH (month, day, and year) May 25, 1850

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) 059

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rosanna Erick
(Address) 2414 Pennsylvania Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 18th, 1926, to Oct 19th, 1926, that I last saw him alive on Oct 18th 1926, 19..., and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Arter Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj Owlvang, M. D.

10/20 1926 (Address) 400 N Rayson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 21 1926
20 UNDERTAKER	ADDRESS
Wm Cook	501 E Monument

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15133

E. 15133

CERTIFICATE OF DEATH.

161-007

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 26-1 WARD)

2-FULL NAME Baby girl Duff

(a) RESIDENCE NO. Sipple Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-18-26

7 AGE — Years — Months — Days: one — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Sidney Buff

11 BIRTHPLACE OF FATHER (city or town) (State or country) not given

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sidney Buff
(Address) Sipple Ave W Overlea Md

15 Filed ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-20- 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-18 , 1926 , to 10-20 , 1926 ,

that I last saw her alive on 10-20 , 1926 ,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prolonged Labor

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sign

(Signed) J. Herou Hunter, M. D.

10/20 19 26 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Patricks Cemetery — DATE OF BURIAL 10/21 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Hoff

Spec.—12-9-25—A Co.—200 Bks.

E. 15134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E. 15134

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 550 N Biddle St., 17-2 Ward)

2-FULL NAME George M Collins

(a) RESIDENCE NO. 630 N Biddle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stockkeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 45

(c) Name of employer: 0

9 BIRTHPLACE (City or town) Accomac

(State or country) Co. Va

PARENTS

10 NAME OF FATHER Caleb Collins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Eda Collins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: M Collins

(Address) 550 N Biddle St

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1926, to Oct 19, 1926, that I last saw him alive on Oct 18, 1926, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

15 hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy?

What test confirmed diagnosis!

(Signed) H G Valentine, M. D.

, 19 (Address) 81 Hunterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Quantico Virginia — Date of Burial 10/21/1926

20 UNDERTAKER: Samuel Handley — ADDRESS 578 N Biddle

Cor.—12-9-25—A Co.—200 Bks.

Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15135

CERTIFICATE OF DEATH.

31 ✓ E 15135

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 927 Mora alley St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louisa Brown

(a) RESIDENCE NO. 927 Mora alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	24		0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER James Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Estella Tooley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Estella Brown

(Address) 927 Mora St

15 Filed 19

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15, 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Jury

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

19 , 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Oct 21 1926

20 UNDERTAKER Samuel T. Kennedy ADDRESS 578 N. Bridle

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15136

CERTIFICATE OF DEATH.

31 ✓

E, 15136

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2617 Loyola Heights Ave. Ward) 1552

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emil Michael

(a) RESIDENCE NO. 2617 Loyola Heights Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Michael

6 DATE OF BIRTH (month, day, and year) July 17, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Abraham Michael

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Minna Shaw

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Monroe Michael

(Address) 2617 Loyola Heights Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1926, to Oct. 20, 1926, that I last saw him alive on Oct. 20, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 2 yrs. — mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Is Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. R. Johnston, M. D.

10-20 1926 (Address) 3928 Parrs Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn N. Y. Date of Burial 10/22/26

20 UNDERTAKER David Londheim ADDRESS 110-20 W. Mt Royal Ave.

Cor—12-9-25—A Co.—200 Bks.

Gates

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 15137

CERTIFICATE OF DEATH.

E 15137.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 523 Hanover St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Gates

(a) RESIDENCE NO. 523 Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Wm. Gates.

6 DATE OF BIRTH (month, day, and year) about 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

9 BIRTHPLACE (city or town)..... (State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)..... (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)..... (State or country)

14 Informant Alice Johnson (Address) 523 Hanover St.

15 Filed..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Kennedy, M. D.
(Coroner)

Oct 16, 19 24 (Address) 1802 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
Mt Auburn Cem	Oct 21 1924
20 UNDERTAKER	ADDRESS
Lane & Easton	Lane

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15138

CERTIFICATE OF DEATH.

129 ✓ E, 15138

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ____ St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Robinson

(a) RESIDENCE NO. 1115 Harlem Ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Rob Robinson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 19 1926

17

I HEREBY CERTIFY, That I attended deceased from October 16, 1926, to October 19, 1926, that I last saw him alive on October 19, 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Chronic Myocarditis

Myocardial Insufficiency

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY Myocardial failure

(Secondary)

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) C. Hooper Linthicum, M. D.

Oct. 20 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Oct-21/1926

20 UNDERTAKER Daniel Easton ADDRESS 416 Park Ave

ec.—1-12-23—M&T—500 Bks.

E. 15139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E. 15139

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4713 Ready Av ST. 27-9 WARD)

2-FULL NAME Herman Parst.

(a) RESIDENCE NO. 4713 Ready Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Parst

7 DATE OF BIRTH (month, day, and year) 4-2-1845

8 AGE: Years 81 Months 6 Days 18 If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. H. Parst (Address) 4713 Ready av

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-20 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1926 to October 20th, 1926

that I last saw him alive on October 19th, 1926

and that death occurred, on the date stated above, at 12.45 PM

The CAUSE OF DEATH* was as follows:

Cancer (throat) (left tonsil)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What tests confirmed diagnosis? Clinical

19 (Signed) Hillesley A. McIntyre M.D.

19 26 (Address) 10 W Mc Coulay

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: 10/22 1926

20 UNDERTAKER: J. Fenw Mc Cully

ADDRESS: 130 E Fort

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15140 — REGISTERED No. E. 15140

111-001

8-2

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals, 8 Ward)

2-FULL NAME John Mathews

(a) RESIDENCE NO. 1715 Gost St. 2nd Ward (Usual place of abode)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Abbeville (State or country) S. Carolina

PARENTS

10 NAME OF FATHER Thomas Mathews

11 BIRTHPLACE OF FATHER (city or town) Abbeville (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town) Abbeville (State or country) S. Carolina

14 Informant Balto City Hosp. Records (Address)

15 Filed ..... 19 ..... R.R. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1926, to Oct. 18, 1926, that I last saw him alive on Oct. 18, 1926, and that death occurred, on the date stated above, at 3:20 p.m.

The CAUSE OF DEATH* was as follows: Stomach Cirrhosis of Liver, Mesenteric Thrombosis.

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Oct. 14, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & Autopsy

(Signed) W. Blevens M.D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mount Ceme. 10/21 1926

20 UNDERTAKER — ADDRESS

Byron & Wright 1218 McElderry St

Spec.—12-9-25—A Co.—200 Bks.

E 15141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 15141

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1328 Whalcoat St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Green

(a) RESIDENCE NO. 1328 Whalcoat St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced (~~HUSBAND of~~) (or) WIFE of Daniel Green

6 DATE OF BIRTH (month, day, and year) July 11, 1871 ?

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Ellicott City

(State or country) Md.

PARENTS

10 NAME OF FATHER Perry Bowdley

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Sophie Bowdley

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md.

14 Informant Minnie Russell

(Address) 1328 Whalcoat St.

15 Filed_____, 19_____ _____ Registrar

OCT 21 1926

Very Important: Do not fold.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1926, to Oct 19, 1926, that I last saw her alive on Oct 17, 1926, and that death occurred, on the date stated above, at_____m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Unknown (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)_____

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?_____

Did an operation precede death? ___ Date of ___

Was there an autopsy?_____

What test confirmed diagnosis?_____

(Signed) C. William Tilley, M. D.

10/21, 1926 (Address) 1928 Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Cemetery Catonsville Oct 22 26

20 UNDERTAKER — ADDRESS

Jamie C. Brook 1632 N. Carey,

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15142

CERTIFICATE OF DEATH.

66 E. 15142

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1114 Haubert St. St. 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Polumski.

(a) RESIDENCE NO. 1114 Haubert St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 18 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married. XXXXXXXXXXXX HUSBAND of XXXXXXXXXX Catherine Polumski.

6 DATE OF BIRTH (month, day, and year) March 19, 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer): 14

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Poland.

PARENTS

10 NAME OF FATHER Stephan Polimski.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Victoria Kratsik.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Poland.

14 Informant Catherine Polumski. (wife)

(Address) 1114 Haubert St.

15 Filed_____ 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 19, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) (duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto Reinhardt M. D. (Coroner)

10/20 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — Date of Burial: 10/22 1926

UNDERTAKER: William Fallkowski — ADDRESS: 1618 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15143
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Woodbrook Av ST., 13-5 WARD)

E 15143
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T Henzie

(a) RESIDENCE NO. 2835 Woodbrook Av ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan-2-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	8 9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) 004
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS
10 NAME OF FATHER Richard Henze
11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)
12 MAIDEN NAME OF MOTHER Clara Wiltie
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Anna Henze
(Address) 2835 Woodbrook Av

15 Filed OCT 21 1926, 19 C. [illegible] Registrar
Per R J C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Mch-21, 1926, to Oct-19-, 1926.
that I last saw him alive on Oct 19, 1926,
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Inanition
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? X. Ray -
(Signed) E Gill Hall, M. D.
Oct 20 1926 (Address) 1631 E North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct 22 1926

20 UNDERTAKER Geo. Leinlach — ADDRESS 647 W. Pratt

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15144

CERTIFICATE OF DEATH.

H 9

E 15144

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp ST. 9-4 WARD)

2-FULL NAME Mrs Stephen F. Hurd.

(a) RESIDENCE NO. 2515 Lobb. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of mrs S. P. Hurd.

6 DATE OF BIRTH (month, day, and year) June 15 86

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Self 611

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER Wm Hurd.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Harwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Wm Hurd

(Address) 2515 Lobb St.

15 Filed ..... 19 .... R K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-9-26, 19 .... to 10-19-1926.

that I last saw h im alive on 10-19-1926,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Arrow
Cancer of Bladder

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no Clinical

What test confirmed diagnosis?

(Signed) Jno A Compton M. D.

, 19 (Address) 1211 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL Oct 23 1926

20 UNDERTAKER Ralph J Jones

ADDRESS 1412 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

15145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E. 15145

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raymond Dukeland ST. 15-11 WARD)

2-FULL NAME Charles Seltzer

(a) RESIDENCE NO. 204 Pentalow St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary E. Jones

6 DATE OF BIRTH (month, day, and year) 9/19/1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Christian Seltzer

11 BIRTHPLACE OF FATHER (city or town) Phila.
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Christianne Meyer

13 BIRTHPLACE OF MOTHER (city or town) Phila
(State or country) Pa.

14 Informant Mary E. Jones
(Address) 204 N Pentalow St

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/21 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/15, 1926, to 10/21, 1926, that I last saw him alive on 10/21, 1926, and that death occurred, on the date stated above, at 6:04 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis
Myocardial insufficiency

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pres. Delaware Mem. Park

DATE OF BURIAL Oct 23 1926

20 UNDERTAKER Ralph D. Turner

ADDRESS W. Baltimore

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15146

143-003

E-15146

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2505 E. Federal ST., 8-3 WARD)

2-FULL NAME Helen M. Schneider

(a) RESIDENCE NO. 2505 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Schneider

6 DATE OF BIRTH (month, day, and year) March 12 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Andrew Faulhaber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Pfeffenbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr. Joseph F. Schneider

(Address) 2505 E. Federal St

15 Filed OCT 21 1926 19 C. KARSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 20 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/17/ 1926, to 10/20 1926, that I last saw h[er] alive on 10/20 1926, and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1- ds.

CONTRIBUTORY (Secondary) Pregnancy

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) David Miller, M. D.

. 19 (Address) 1500 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Oct 23 1926

20 UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager St

Spec.—1-10-23—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15147

CERTIFICATE OF DEATH.

E. 15147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Willingham

(a) RESIDENCE NO. Cella Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rhoda Willingham

6 DATE OF BIRTH (month, day, and year): March 9, 1884

7 AGE: Years 42 Months 7 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West Virginia

PARENTS

10 NAME OF FATHER: William Willingham

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Virginia

12 MAIDEN NAME OF MOTHER: Mary Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Virginia

14 Informant (Address): Mrs Rhoda Willingham Cella Md

15 Filed ... 19... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-20 1926

I HEREBY CERTIFY, That I attended deceased from 10-15, 1926, to 10-20, 1926,

that I last saw h[illegible] alive on 10-20, 1926,

and that death occurred, on the date stated above, at 4 45 p m.

The CAUSE OF DEATH* was as follows:

Fracture of 5th & 6th cervical vertebral and transverse crush of cervical spinal cord (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. Theron Hunter M. D.

10/20. 1926 (Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oella Cem. Balto Co

DATE OF BURIAL: Oct 23 1926

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E, 15148

1-PLACE OF DEATH E, 15148

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 418 W. Lexington ST. 1st WARD)

2-FULL NAME Baby Hauf.

(a) RESIDENCE NO. Volunteers of America Hospital ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S., If of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	enfant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 10/19/26

7 AGE	Years	Months	Days	If LESS than 1 day, / hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Albert Hauf.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Marine Stonesifer.

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Carroll Co. Md.

14 Informant W. H. Garner. (Address) 418 W. Lexington St

15 Filed ..... , 19 .... K.C. Registrar

0745

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/19 1926.

17 I HEREBY CERTIFY, That I attended deceased from ✓ , 19 ✓ , to ✓ , 19 ✓ ,

that I last saw him alive on 10/19/26 8.30 p. m.,

and that death occurred, on the date stated above, at 8-40 p-m.

The CAUSE OF DEATH* was as follows:

Premature - five month

Centra uterine asphyxiation

✓ (duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) ✓

✓ (duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of .....

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) W. H. Garner. Centre M. D.

, 19 (Address) 418 W. Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

OCT 21 1926

JOHNS HOPKINS HOSPITAL

Commissioner Health.

Per. Wm. S. WOODALL

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15149

CERTIFICATE OF DEATH.

90

E-15149 REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Barre ST. 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Schubert

(Residence in Baltimore: No. 815 N. Barre — St.; 77 yrs. 10 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.) Married

6-DATE OF BIRTH, Dec 7th, 1848 (Month) (Day) (Year)

(77)

7-AGE, 77 yrs. 10 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Brick [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer) Burner

9-BIRTHPLACE, (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Frederick Schubert

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Amelia Schubert

(Address) 815 N. Barre St.

15-

Filed....., 191.....

Per .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 18th, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1925, to Oct 18th 1926, that I saw h[illegible] alive on Oct 18th 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cystic Sarcoma, Buttocks

Hemiplegia, Hypostatic

(Duration) ..... yrs. Unknown ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Robert C. Kelly M. D.

Oct 21, 1926 (Address) 2451 Hollins Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park — DATE OF BURIAL, Oct 21, 1926

20-UNDERTAKER A. B. Pilgrim — ADDRESS 1850 W. Baltimore

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15150 — REGISTERED No. C E 15150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4413 Alabama Ave St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Hammond.

(Residence in Baltimore: No. 4413 Alabama Ave St.; ... yrs., ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	X

6-DATE OF BIRTH, October 20, 1926 (Month) (Day) (Year)

7-AGE, ... yrs. ... mos. ... ds. If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... X
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Balto City

PARENTS.

10-NAME OF FATHER, Walter H. Hammond

11-BIRTHPLACE OF FATHER (State or Country), Balto City

12-MAIDEN NAME OF MOTHER Bessie A. Wagner

13-BIRTHPLACE OF MOTHER (State or Country), Balto City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Walter Hammond

(Address) 4413 Alabama ave

15-

Filed ..., 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 20 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 20 1926, to Oct 20 1926, that I saw h[er] alive on Oct 20 1926, and that death occurred, on the date stated above, at 2.45 p m.

The CAUSE OF DEATH* was as follows: Premature Birth as Mother was Pregnant only 6 months. Baby Shocked. Signs of Life or Stillborn

(Duration) ... yrs. ... mos.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... ds.

(Signed) Geo H. Everhart M. D.

Oct 20, 1926 (Address) Woodlawn Balto Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, JOHNS HOPKINS HOSPITAL. DATE OF BURIAL, Oct 21 1926

20-UNDERTAKER Commissioner Health. ADDRESS ...

Par. Wm. S. WOODALL

0744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15151

CERTIFICATE OF DEATH.

10 E. 15151

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., WARD)

2-FULL NAME Florence Kennedy

(a) RESIDENCE NO. 412 N. Eden ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3/1918

7 AGE: Years 8; Months 3; Days 18

If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville Md

PARENTS

10 NAME OF FATHER Nathan Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Catonsville Md

12 MAIDEN NAME OF MOTHER Beulah Glover Oct 24/26

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) friend 412 N. Eden St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1926, to Oct 21, 1926, that I last saw h alive on Oct 21, 1926 and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Diphtheria, nasal, tonsillar

- laryngeal

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) acute myocarditis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? culture positive

(Signed) B. Mallgowan, M. D.

(Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Oct 22 1926

20 UNDERTAKER: Robert E. Blair

ADDRESS: 1515 N. Eden St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15152

CERTIFICATE OF DEATH.

X 188-003

E 15152

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Declared dead at Johns Hopkins Hospital St., 1-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Roy Rother

(a) RESIDENCE NO. HoffmanVille Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rother

6 DATE OF BIRTH (month, day, and year) May 24/1906

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Charles Rother

PARENTS

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Rose Rother

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Charles Rother

(Address) Hoffmanville, Md

15 Filed....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (occipitalregion) Accidently slipped from his truck while it was in motion near Middpetown Md.

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Pales, M. D.

(Coroner)

10/21/1926 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cem Balto Co — Date of Burial 10/22 1926

20 UNDERTAKER E. Le Roy Tuffle — ADDRESS 1258 Mc Cul

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15153

CERTIFICATE OF DEATH.

9° E. 15153

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Ravenwood St., 8-1 WARD)

2-FULL NAME Laura Isabelle Sanner

(a) RESIDENCE NO. 3304 Ravenwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Geo. R. Sanner

6 DATE OF BIRTH (month, day, and year) Apr. 8, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co., (State or country) Md.

PARENTS

10 NAME OF FATHER Richard G. Mackey

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Sarah E.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Edd D. Sanner (Address) 3304 Ravenwood ave

15 Filed ..., 19 26 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20, 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1926, to Oct. 20, 1926, that I last saw her alive on Oct 20, 1926 and that death occurred, on the date stated above, at 7 55 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

15 minutes

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence.

(Signed) Geo. B. Seybert, M. D.

, 19 (Address) 1802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery Fullards

DATE OF BURIAL Oct 22 1926

20 UNDERTAKER E. Roy Steffler

ADDRESS 1255 North ave

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15154 E-15154

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST., 16-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Cogle

(a) RESIDENCE No. 1003 Appleton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

a If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) — 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
12				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School-Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Lawrence Cogle

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Theresa Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Mother, Theresa Freeman, 1003 Appleton St.

15 Filed OCT 1 1926 C. THAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-21 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-18-26, 19 , to 10-21-26, 19 ,

that I last saw him alive on 10-20-26, 19 ,

and that death occurred, on the date stated above, at 3 A.M. m.

The CAUSE OF DEATH* was as follows:

Advanced Diphtheria

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Toxemia & Cardiac Involvement

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically & Laboratory

(Signed) Blackhead McGowan, Supt. per S. Glick, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery. DATE OF BURIAL: Oct. 22 1926

20 UNDERTAKER: Martin Fahey & Sons. ADDRESS: 1827 W. North Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15155

CERTIFICATE OF DEATH.

101-001

E, 15155

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1741 Orleans St., 6-1 Ward)

2-FULL NAME Thomas Bell

(a) RESIDENCE NO. 1741 Orleans St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

PARENTS

10 NAME OF FATHER Thomas Bell

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER Madline Williams

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Simon Bell

(Address) 1741 Orleans St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

Oct 19 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1926, to Oct 19, 1926, that I last saw h.m alive on Oct 18, 1926, and that death occurred, on the date stated above, at 10 20 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) Heart Failure & Dropsy

(duration) yrs. mos. 4 ds.

18 Where was disease contracted ?

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J Edward Fisher, M. D.

10-19 1926 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial: Oct 22 1926

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 Orleans St

Very important. See reverse side.

CLAUDE C. THOMPSON [illegible] M. D.

Per RCH

Spec. 1-10-21 M&T 1500 Blks.

15156

HEALTH DEPARTMENT—CITY OF BALTIMORE

15156

CERTIFICATE OF DEATH.

118-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 E. Lombard ST. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolf Ewanovski

(a) RESIDENCE No. 1301 E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Barbara Ewanovski

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saloonkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Adolf Ewanovski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Barbara Ewanovski
(Address) 1301 E. Lombard St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1926, to October 19, 1926, that I last saw him alive on October 19, 1926, and that death occurred, on the date stated above, at 12:15 A.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction and shock, following strangulation of the left indirect inguinal hernia.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency.

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) L. B. Bromwell, M. D.

10-20 1926 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	10/23 1926
20 UNDERTAKER	ADDRESS
Chas. B. Fuchsenhas	637 Paca St.

1926 C. THOMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15157

CERTIFICATE OF DEATH.

E, 15157.

1-PLACE OF DEATH

City of BALTIMORE: (No. 605 Madison Ave St. 11-K Ward)

2-FULL NAME Albert M. Kuschewsan

(a) RESIDENCE NO. 605 Madison St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1858

7 AGE: Years 67 Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) N. J.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Kate Levy

(Address) 618 Walbrook Ave Govans

15 Filed ....., 19.. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 192 6

17 I HEREBY CERTIFY, That I took charge of the remains deserihed above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tumor of throat

unknown (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Oct. 19 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial 10/22 1926

20 UNDERTAKER Chas F. Evans & Son ADDRESS 11 W. Mt. Royal Ave

THOMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

15158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15158

CERTIFICATE OF DEATH.

61

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Robinson ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marvin Lee Ashe

(a) RESIDENCE NO. 417 N. Robinson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 29, 1926

7 AGE — Years, 4 Months, 21 Days. If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Benjamin Ashe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Montgomery Alabama

12 MAIDEN NAME OF MOTHER: Marie Jennie Wacker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mr Benjamin Ashe

(Address) 417 N Robinson St

15 Filed 1926 C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 14, 1926, to Oct 20, 1926,

that I last saw him alive on Oct 20, 1926

and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Tetany

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical data

(Signed) Leo Schlenger, M. D.

, 19 (Address) 3034 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Oct 22 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2923 Eastern Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15159

E. 15159

CERTIFICATE OF DEATH.

REGISTERED NO. 1115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1911 N. Castle ST. G-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Garrish

(a) RESIDENCE NO. 1911 N. Castle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year): Oct 9 1842

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Maryland

PARENTS

10 NAME OF FATHER: Daniel Whitley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto County

12 MAIDEN NAME OF MOTHER: Sallie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto County

14 Informant: Wm F. Parrish

(Address) 24 Brandon Rd Lauraville

15 Filed ..... 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 9th, 1926, to Oct 21st, 1926, that I last saw her alive on Oct 20th, 1926, and that death occurred, on the date stated above, at 7.40 A. m.

The CAUSE OF DEATH* was as follows: Gastric Ulcer

(duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy M. D.

10-21-1926 (Address) 4218 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 10/23/1926

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E Wash

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15160

CERTIFICATE OF DEATH.

90 E. 15160

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 218 N. Wolfe St St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma P. Funk

(a) RESIDENCE NO. 218 N. Wolfe St St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Funk

6 DATE OF BIRTH (month, day, and year) July 1/1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47	7 3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George King

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Elizabeth Zellars

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Balto., Md.

14 Informant Annie Murphy

(Address) 2501 Mc Elderry St

15 Filed.....19.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cardiac Insufficiency-probably Valvular

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) History of Rheumatism

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Porter, M. D.

(Coroner)

10/21/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 218 N. Wolfe St

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Cemetery	10/21 26
20 UNDERTAKER William Cook	ADDRESS 502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15161

7400

E. 15161

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-W Ward)

2-FULL NAME Theobald Wolfenden

(a) RESIDENCE NO. Preston & Valley Sts St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 25. 1852

7 AGE: Years 74 | Months 8 | Days 25 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 09

(b) General nature of industry, business, or establishment in which employed (or employer): Wait Career

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Baltimore MD

PARENTS

10 NAME OF FATHER James Wolfenden

11 BIRTHPLACE OF FATHER (city or town).....

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Bowen

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

14 Informant Sister Superior

(Address) Little Sisters of the Poor

15 Filed Oct 20 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 19 1926

17 I HEREBY CERTIFY, That I attended deceased from No record, 19....., to ....., 19.....,

that I last saw h[illegible] alive on Oct 18, 1926,

and that death occurred, on the date stated above, at 9.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY .....

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? .....Date of.....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) F. A. Warner M. D.

Oct 20, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial 10/22 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Nat St

Very Important

Spec.—1-10-21—M&T—1500 Bks.

(Luthardt)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15162

CERTIFICATE OF DEATH.

31

E, 15162

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4305 Park Av ST.) (1-1 WARD)

2-FULL NAME Thomas Luthardt

(a) RESIDENCE NO. 4305 Park Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. - mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 14 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	26		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Electra Typos

(c) Name of employer Shoe Factory

9 BIRTHPLACE (city or town) (State or country) Balt City

PARENTS

10 NAME OF FATHER John Georg Luthardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Catherine Harron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant (Address) John Georg Luthardt 430 S Paterson Park

15 Filed ..... 19.. Registrar

1926 C. THOMPSON JONES, M.D. Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/9 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/1/25, 19 25, to 10/9/26, 19 26,

that I last saw him alive on 10/9/26, 19 26,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) Harold L Dietrich M. D.

19 26 (Address) 3325 Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 22 1926

20 UNDERTAKER Kendall Riffel & Son

ADDRESS 37 S Am

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15163

CERTIFICATE OF DEATH.

161-002

E, 15163

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Le Roy Bond -

(a) RESIDENCE NO. 3104 Arlington ST. Ave WARD ---

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Sept 8 1926.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		Mos. 1	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ---

(c) Name of employer ---

9 BIRTHPLACE (city or town) Md —
(State or country)

PARENTS

10 NAME OF FATHER Isaiah Woodson

11 BIRTHPLACE OF FATHER (city or town) La —
(State or country)

12 MAIDEN NAME OF MOTHER Julia Bond

13 BIRTHPLACE OF MOTHER (city or town) L-Cas —
(State or country)

14 Informant Friends —
(Address)

15 JOHNS HOPKINS HOSPITAL, M. D.

Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from 10:30 A M Oct 19, 1926, to 10 P M Oct 19, 1926, that I last saw him alive on Oct. 19, 1926 and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) ---

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted ?
If not at place of death? ---

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Ventricular puncture

(Signed) L. R. Dandy Trimble, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS
JOHNS HOPKINS HOSPITAL	

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15164

E 15164

CERTIFICATE OF DEATH.

74 001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1527 Orleans ST. 6-1 WARD)

2-FULL NAME William F Kiel

(a) RESIDENCE NO. 1527 Orleans ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Josephine Kiel

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	Appro 65 Years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Gdn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER John Kiel

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Josephine Kiel
(Address) 1527 Orleans St

15 Filed OCT 2 1926, 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1926, to Oct 19, 1926, that I last saw him alive on Oct 19, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage
& Paralysis of tongue muscles

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension and Severe Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

, 19 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ashmy Cemetery	10/22/26
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1725 Madison Ave

Cor.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 15165

CERTIFICATE OF DEATH.

E 15165 REGISTERED NO.

PLACE OF DEATH

City of BALTIMORE: (No. 1844 Lorman St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Starfield

(a) RESIDENCE NO. 1844 Lorman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Color	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 22, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of indnstry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Elijah Warfield

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Hawkins

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mary Warfield

(Address) 1844 Lorman

Filed OCT 22 1926

EN. JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) no other cause

(dnration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Oct. 21, 1926 (Address) 2602 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natnre of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Oct 27 1926

20 UNDERTAKER Virginia P. Brooks ADDRESS 1430 N. Carey St

Cor.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15166

CERTIFICATE OF DEATH.

159-002

E. 15166

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1700 McCulloh St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Hicks

(a) RESIDENCE NO. 1700 McCulloh St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 29-26

7 AGE: Years ____ Months 2 Days 22 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER David Peel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Mary Hicks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Mary Hicks

(Address) 1700 McCulloch St

Very Important.

OCT 22 1926

C. HAMPER JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 192 6

17 I HEREBY CERTIFY, That I took charge of the remains deseribed above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inq (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) no history

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.

(Coroner)

Oct 22 1926 (Address) 2802 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel

Date of Burial 10/22 1926

20 UNDERTAKER: Moncure A. Burns

ADDRESS 1612 Druid Hill Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15167

CERTIFICATE OF DEATH.

E. 15167

122-001

17-5

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 East 22nd ST. WARD)

2-FULL NAME Charles Wm Henry Louis Miller

(a) RESIDENCE NO. 425 East 22nd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Christine Miller

6 DATE OF BIRTH (month, day, and year): Dec 12th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pipe Organ Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles Wm Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rebekah Mick Leutner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna E. Miller
(Address) 425 East 22nd St

15 Filed 2 2 1926 G. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Octo 1, 1926, to October 20, 1926, that I last saw h[illegible] alive on October 20, 1926, and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Cerebral Hem. (duration) 1 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C.S. & Symptoms

(Signed) Thomas J. Huber, M. D.

, 19 (Address) 552 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 10/28 1926

20 UNDERTAKER: Geo. Huber & Son — ADDRESS: 2503 Edmondson Ave

Spec.—12-9-25—A Co.—200 Bks.

15168

HEALTH DEPARTMENT—CITY OF BALTIMORE

N. Fremont Cathedral Se

CERTIFICATE OF DEATH. 402 179 E 15168

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1806 W. Lexington St., 20th Ward)

2-FULL NAME Louisa Bordeel

(a) RESIDENCE NO. 1806 W. Lexington St. 20th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward F. Bordeel.

6 DATE OF BIRTH (month, day, and year): Sept 1st 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): —

(State or country): Germany

PARENTS

10 NAME OF FATHER: Louis Ritzmeyer

11 BIRTHPLACE OF FATHER (city or town): —

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Moses

13 BIRTHPLACE OF MOTHER (city or town): —

(State or country): Germany

14 Informant: Louisa Bordeel

(Address): 1806 W. Lexington St

Very important that this be correctly filled out.

OCT 22 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18th 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 1926 to Oct 19 1926, that I last saw h.. alive on Oct 19 1926, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chron. Interstitial Nephritis

(duration) yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Acute Cardiac Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Elmer F. Freeman, M. D.

, 19 (Address) 412 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Oct 22 1926

20 UNDERTAKER: F. B. Wagner ADDRESS 1950 N. Bucks St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15169

188-083

E 15169

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 15169
1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 90-6 Ward)

2-FULL NAME Melvin Brown

(a) RESIDENCE NO. 2205 Ashton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
~~Male~~	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	16			

8 OCCUPATION OF DECEASED nv

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER J Brown

11 BIRTHPLACE OF FATHER (city or town).....
(State or country) Md

12 MAIDEN NAME OF MOTHER M. Woolworth

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant J Brown 2205 Ashton St

(Address)

15 Filed DEC 12 1925 19 ...

[illegible]PSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest, an-
(Inquest, autopsy or inquiry)
find that said deceased came to his death
on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Skull
accidentally, ~~struck by~~ Runaway auto
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Fract arm
(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.
(Coroner)

(Address) 1699 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Date of Burial Dec 14 26

20 UNDERTAKER J B Hyppard ADDRESS 1603 Bolton St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Spring Gardens · E 15170

CERTIFICATE OF DEATH.

E 15170 DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Old board dredge in harbor St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene T. Barbour

(a) RESIDENCE NO. 1220 Ethel St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4th. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	Unknown	about 60 yrs		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook.
(b) General nature of industry, business, or establishment in which employed (or employer) (c)
(c) Name of employer

9 BIRTHPLACE (city or town)_____
(State or country) N. C.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)_____
(State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)_____
(State or country)

14 Informant Irene T. Barbour
(Address) 1220 Ethel St

15 Filed OCT 22 1926 19____ WILSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv. disease heart

Died suddenly

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

(Signed) W. T. Riley M. D.
(Coroner)

Oct 22, 1926 (Address) 1655 Bowdoin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death Unknown yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Oct 23 1926

20 UNDERTAKER S. R. Brown & Son ADDRESS 1019 W. Mulberry St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15171

CERTIFICATE OF DEATH.

101-001

E 15171

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 E Henrietta. ST. 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena. E. Kloid Perykos

(a) RESIDENCE NO. 2 E Henrietta ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5½ yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Perykos

6 DATE OF BIRTH (month, day, and year): Oct 21 1896

7 AGE: Years 29 Months 11 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Fred. W Kloid

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary K. Bane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Fred. W Kloid (Address) 2 E Henrietta St

15 Filed OCT 22 1926 [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1926 to Oct 20 1926.

that I last saw h alive on Oct 20 1926,

and that death occurred, on the date stated above, at 10-20 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobar pneumonia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No, Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A A Co — DATE OF BURIAL: 10-23 19 26

20 UNDERTAKER: E & B Hafer — ADDRESS: 115 E Hoff St

Cor.—1-12-23—M&T—100 Bks.

E 15172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15172

CERTIFICATE OF DEATH.

186-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 26-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank L. Thompson

(a) RESIDENCE NO. 31st St nr O'Donnell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Sfe yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	sungle

If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

DATE OF BIRTH (month, day, and year) Aug 25/1918

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	8	1	25	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER J. Elmer Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) B alto Md

12 MAIDEN NAME OF MOTHER Amelia Fischer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant J. Elmer THompson
(Address) 31st St nr O'Donnell

15 Filed OCT 22 1926 C. MAYDON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull & internal injuries

Struck by Automobile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Bach, M. D.
(Coroner.)

Oct 22/26 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additinnal space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL Oct 23rd 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

E-15173

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E-15173

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 501 S. Glover St. St., 1-2 Ward)

2-FULL NAME Martha Lena Wilfer.

(a) RESIDENCE NO. 501 S. Glover St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Wilfer.

6 DATE OF BIRTH (month, day, and year) Aug. 24-1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Germany.

PARENTS

10 NAME OF FATHER Carl Lange

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Ger.

14 Informant Andrew Wilfer.

(Address) 501 S. Glover St.

15 Filed_____ 19____ Registrar

NOV 2 1926 (illegible) JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31-1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1925, to Oct. 21, 1926, that I last saw h__ alive on Oct. 20, 1926, and that death occurred, on the date stated above, at 1.40 A.M.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Symptoms

(Signed) John J. Kruger M. D.

, 19 (Address) 1 W. Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Oct. 25th, 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Woffest St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15174

CERTIFICATE OF DEATH.

45-429 E. 15174

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Rutgers Ave & Mt Winans St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos Watson

(Residence in Baltimore: No. Rutgers St Mt Winans St., ...yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
M	Colored	Single

6-DATE OF BIRTH, Aug (Month) 14 (Day) 1900 (Year)

7-AGE,	If LESS than 1 day,
26 yrs. 2 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Georgia

PARENTS.

10-NAME OF FATHER, Bill Watson

11-BIRTHPLACE OF FATHER (State or Country), Unknown

12-MAIDEN NAME OF MOTHER Jane Flowers

13-BIRTHPLACE OF MOTHER (State or Country), Georgia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane Watson

(Address) Mt Winans

15- OCT 22 1926 C. HAMPSON JONES, M. D. 191.....

Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 20 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-10- 1926, to 10-20 1926, that I saw him alive on 10-20 1926, and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(Duration) 5 weeks

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) ...yrs. ...mos. ...ds.

(Signed) W. Hall M. D.

10-21-, 1926 (Address) Halethorpe

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Lutauburn Cemetery

DATE OF BURIAL, OCT 24..., 1926

20-UNDERTAKER Geo H Cooper

ADDRESS 4[illegible] W. Camden St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15175

CERTIFICATE OF DEATH.

E. 15175

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. ST., WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mangus Kaiser

(a) RESIDENCE NO. 1618 N. Washington ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 31/83

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Letter Carrier
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

FARENTS

10 NAME OF FATHER John W. Kaiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary A.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Emma V. Schuchardt
(Address) 1618 N. Washington

15 Filed OCT 22 1926 THOMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-20, 1926, to 10-22, 1926
that I last saw him alive on 10-22, 1926.
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Ruptured acute Duodenal ulcer.

(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) generalized Peritonitis
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? yes Date of 10-20-26
Was there an autopsy? no
What test confirmed diagnosis? operation
(Signed) H. L. McAnally, M. D.
, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk — DATE OF BURIAL 10/25 1926

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15176

CERTIFICATE OF DEATH.

74-001 ✓ E. 15176

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 216 N. Chester St. 6-1 Ward)

2-FULL NAME Philip Meyer

(a) RESIDENCE NO. 427 N. Bethel St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 6 mos. 5 dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 14/48

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) City

PARENTS

10 NAME OF FATHER John Meyer

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Sophia Simpson

(Address) 216 N. Chester St.

15 Filed _____ 19 _____ _____ Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19/26

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 — 19 26, to Oct 19 — 19 26, that I last saw h__ alive on Oct 19 19 26, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carbuncle Hemorrhage

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) Coma —

(duration) ____ yrs. ____ mos. 3 ds.

18 Where was disease contracted ✓

If not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) 125 W. Mt. Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem. — Date of Burial 10/23 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

Very Important

4 1926 C. HARRY JONES M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15177

CERTIFICATE OF DEATH.

1929 E 15177

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 E. Eager ST., 1002 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M. Breen

(a) RESIDENCE NO. 1001 E Eager ST., 10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (the late) (or) WIFE of Catherine Breen

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country)

14 Informant Mrs F. C. Jacobs

(Address) 1001 E Eager St

15 Filed OCT 22 1926 19 C. HARRISON JONES, M. D. Registrar

For [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 21 1926

17 I HEREBY CERTIFY, That I attended deceased from October 8, 1926, to October 21, 1926, that I last saw him alive on Oct. 21, 1926, and that death occurred, on the date stated above, at 10 10 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) 2 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis.

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Not Date of

Was there an autopsy? —

What test confirmed diagnosis? P. S. & S.

10/22/1926 (Signed) [illegible], M. D.

(Address) 735 N. Fremont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Oct 25 1926

20 UNDERTAKER	ADDRESS
Henry Koch Son	1901 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

15178

HEALTH DEPARTMENT—CITY OF BALTIMORE E, 15178

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 Gorman St. 20-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. W. Hopkins,

(a) RESIDENCE NO. 18 Gorman St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15, 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ....min.
	86	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Nathan Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER Susan Lecompte

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Howard S. Hopkins (Address) 18 Gorman St

15 OCT 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926, to 21, 1926, that I last saw him alive on Oct 20, 1926, and that death occurred, on the date stated above, at 9.15 A m.

The CAUSE OF DEATH* was as follows:

Nephritis Uremia

(duration) # yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) W. Hamma, M. D.

(Address) 1822 W Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Cedar Hill — DATE OF BURIAL: OCT 23 1926

20 UNDERTAKER: Geo W Little — ADDRESS

(in the City) 188-001

E-15179 HEALTH DEPARTMENT—CITY OF BALTIMORE E-15179

Pronounced Dead at University Hospital

CERTIFICATE OF DEATH.

1-PLACE OF DEATH ~~Asst Baltimore Co. Almshouse~~ Registered No. C.....

City of BALTIMORE: (No. ~~near Lansdowne~~ St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gibson

(Residence in Baltimore: No. Lorraine & Roads — R.F.D. Dykesville St.; yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Col'd	Widower

6-DATE OF BIRTH: unknown (Month) (Day) (Year)

7-AGE. About 60 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Track hand
(b) General nature of industry, business, or establishment in which employed (or employer): B&OR R

9-BIRTHPLACE. (State or Country). Md

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Augustus Gibson

(Address) R.F.D. Woodbine, Md

15- Filed 2 1926 192.. C. THOMPSON JONES, M. D. Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 21st 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an August 24 Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Struck by B&OR R Train

(Duration) yrs. mos. ds.

(Signed) Thos. B. Ferron M. D.

Oct 22 1926 (Address) Curtis Bay (Coroner.)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Accidental

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Carroll Co. White Oak Cemetery DATE OF BURIAL. Oct. 23rd 1926

20-UNDERTAKER. C. M. Watts ADDRESS Westfield, Md

Spec.—1-10-21—M&T—1500 Bks.

E 15180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15180

CERTIFICATE OF DEATH.

× 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Arbaugh

(a) RESIDENCE NO. Emmitsburg - md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer) 057

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hospital Records (Address)

15 2 2 1926 C 19 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1926, to Oct 22, 1926; that I last saw him alive on Oct 22, 1926 and that death occurred, on the date stated above, at 6 20 a m.

The CAUSE OF DEATH* was as follows:

Cardio vascular Renal disease.

Probable Hypostatic

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 12 days

18 Where was disease contracted if not at place of death? at Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Clement K. Worthington, M. D.

, 19 (Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmittsburg Md.

DATE OF BURIAL Oct 27 1926

20 UNDERTAKER M. F. Shuff & Son Emmittsburg Md.

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

E 15181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 15181

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2131 Harford Ave St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Ertel

(a) RESIDENCE NO 2131 Harford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: John A. Ertel

6 DATE OF BIRTH (month, day, and year): July — 1876

7 AGE: Years 50 | Months 3 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Rochester N. Y.

PARENTS

10 NAME OF FATHER Andrew Schoff

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: John A Ertel

(Address) 2131 Harford Ave

15 Filed ..... 19.. (CLAUDIUS JONES, M. D.) Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct. 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1926 to Oct 20 1926

that I last saw h..... alive on Oct 20 1926

and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

If Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Hyland M. D.

2126 (Address) 30 N. Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: Oct 23 1926

20 UNDERTAKER: Robt J Turner Sons — ADDRESS: 1742 N. Broadway

DEC 2 1926

Spec.—1-10-21—M&T—1500 Bks.

E 15182

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15182

CERTIFICATE OF DEATH.

43

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Franklin Square Hosp. ST. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Dierker

(a) RESIDENCE No. 1416 Patterson Park Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 18. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Youth Bros. Drug Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Dierker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Kirchner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr. Henry Dierker 1312 E. Lexington St.

15 Filed OCT 22 1926 C. THOMPSON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 16, 1926, to Oct 21, 1926.

that I last saw him alive on Oct. 21, 1926.

and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Diagnosis

(Signed) Louis T. Lavy M. D.

10/21, 26 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Oct. 23, 1926

20 UNDERTAKER ADDRESS

Harry Jones Funeral Home 848 E. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15183

CERTIFICATE OF DEATH.

49

E, 15183

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 13-4 WARD)

2-FULL NAME George Lehrl

(a) RESIDENCE NO. 3858 Falls Road. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Lehrl

6 DATE OF BIRTH (month, day, and year) March 31- 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motor man. U.R.R.

(b) General nature of industry, business, or establishment in which employed (or employer) 078

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md..

PARENTS

10 NAME OF FATHER George. Lehrl.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kattie Speth.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bissie Lehrl (Address) ~~3858 Falls Road~~

15 Filed 2 1926 C. THOMPSON JONES, M. D. Registrar Per ren

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20 1926 to Oct. 22 1926, that I last saw him alive on Oct. 22. 1926 and that death occurred, on the date stated above, at 6:55 a m.

The CAUSE OF DEATH* was as follows:

Careinoma. of Pancreas.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General. Carcinomitosis.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes. Date of 4/12/26

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Clements R. Monnal, M. D.

19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct 25 1926
20 UNDERTAKER	ADDRESS
Chenoweth & Son	3617 Chestnut Ave

Spec.—1-10-21 M&T 1500 Bks.

E, 15184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E, 15184

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Mortimer St., 13-3 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annick Lovegge

(a) RESIDENCE NO. 1302 Mortimer St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Annick Lovegge

6 DATE OF BIRTH (month, day, and year) January 1851

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
75	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ditto

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Wm Ray

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Martha Mack

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Carl Hintze
(Address) 1302 Mortimer St

15 Filed ..., 19.. C. HAMPSON JONES, M. D.
Per ... Registrar

2 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/21- 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1926, to Oct 21, 1926,

that I last saw h... alive on Oct 21, 1926

and that death occurred, on the date stated above, at 9^05 m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) absorption, State Malaria

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Hubert Dawson, M. D.

, 19 (Address) 1327 Mortimer

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct 23 19 26
UNDERTAKER	ADDRESS 361
Chenoweth Son	Chestnut Ave

Cor.—12-9-25—A Co.—200 Bks.

Henry

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15185 | E. 15185

CERTIFICATE OF DEATH.

187-097

1-PLACE OF DEATH

City of BALTIMORE: (No. University East S. 76-7 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Hentz

(a) RESIDENCE NO. 1515 St Ann St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide Hentz

6 DATE OF BIRTH (month, day, and year) May 27, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Milling Ex

(b) General nature of industry, business, or establishment in which employed (or employer) Sausage Factory

(c) Name of employer Frank Hentz

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER William Hentz

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Germany

12 MAIDEN NAME OF MOTHER Linda Peters

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Germany

14 Informant Madeline Hentz

(Address) 4817 St Ann St

15 Filed Oct 27 1926 Per C. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/25/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident occurred while in work caused by unguarded belt which was applying power to machine

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Fractured arm by fall caused by accident

(duration) .....yrs. .....mos. .....ds.

(Signed) Samuel Levin M. D.

(Coroner)

, 19 26 (Address) 1 W Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — Date of Burial Oct. 24 1926

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

Very Important—See Instructions

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15186

CERTIFICATE OF DEATH.

90

E, 15186

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3715 Mt Pleasant Ave Ward)

2-FULL NAME Pauline Becker

(a) RESIDENCE NO. 3715 Mt Pleasant Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Karl H. Becker

6 DATE OF BIRTH (month, day, and year) July 28, 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Julius Schneider

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Robert Becker

(Address) Colgate Md.

OCT 2 1926 C. THOMPSON JONES, M. D. Registrar

Ps:

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Ex haustion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) G. Glass M. D.

(Coroner)

Oct 25 1926 (Address) 1143 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery Date of Burial Oct. 23 1926

20 UNDERTAKER Henry Sander & Sons Inc. ADDRESS 1710 Fleet Ave

Spec.—12-9-25—A Co.—200 Bks.

(Dorothea M. Klebe)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15187.

CERTIFICATE OF DEATH.

90 E, 15187.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1634 E. 25th St 43 St., _____ Ward)

2-FULL NAME M. Dorothea Klebe

(a) RESIDENCE NO. 1634 E. 25th St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Klebe.

6 DATE OF BIRTH (month, day, and year) Jan 19. 1866

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
60	—	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore

PARENTS

10 NAME OF FATHER P. S. Brach.

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER M Volland.

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant John P. Klebe

(Address) 1634 25th st

2 1926 19 C. THAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

October 20, 1926

17

I HEREBY CERTIFY, That I attended deceased from October 20 1926, to October 20, 1926, that I last saw h.. alive on October 20, 1926, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease chronic

Carcinoma mitral Valve.

Hypertension (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Insanity Cond.

Arteriosclerosis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) James G marston, M. D.

Nov 21. 1926 (Address) 1203 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery

Date of Burial Oct 23 1926

20 UNDERTAKER George F. Rutt

ADDRESS 173 Hanover

Spec.—1-10-21—M&T—1500 Bks.

E 15188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15188

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (NO. Caroline & Aliceri ST. 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Lutz

(a) RESIDENCE NO. 3246 E Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Thos. Lutz

6 DATE OF BIRTH (month, day, and year) Sept 11 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Winkler

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Staffe

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. James Lewis
(Address) 3246 E Balto

15 C. HAMPSON JONES, M. D., Registrar.
2 2 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1926, to Oct 20, 1926.

that I last saw her alive on Oct 20, 1926

and that death occurred, on the date stated above, at 5 am m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Coronary Sclerosis.

Decompensating Heart -

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) ~~6 months~~ Coronary Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) C. B. Moore, M. D.

19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Josephs cemetery	10/23/1926
20 UNDERTAKER J G Moran	ADDRESS 3000 E Balto

Cor.—12-9-26—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15189

CERTIFICATE OF DEATH.

E 15189

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH City of BALTIMORE: (No. Md Genl Hosp St. 11-2 Ward)

2-FULL NAME James F. Yingling

(a) RESIDENCE NO. Taneytown Md St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12 / 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Carroll Co

PARENTS

10 NAME OF FATHER Eric Yingling
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Md
12 MAIDEN NAME OF MOTHER Eleanor Singer
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Md

14 Informant Claud Kerpender
(Address) Westminster Md

15 Filed ....., 19 .... Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Fracture of Skull (over)

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Hypo. Pneumonia

(duration) ..... yrs. 4 mos. 1 ds.

(Signed) G C Bladel M. D.
(Coroner)

Oct 27 26 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State... yrs.. mos.. ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baust Cemetery Carroll County — Date of Burial Oct 25 1926

20 UNDERTAKER Ed Dutrow & Son — ADDRESS Taneytown Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15190

CERTIFICATE OF DEATH.

1854 E 15190

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 427 Merrymac St. 12-4 Ward)

2-FULL NAME Ernest Largo.

(a) RESIDENCE NO. 427 Merry mac St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Co	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Largo.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Jennie Largo

(Address) 427 Merrymac St

15 Filed 2 3 1926 Per

CLAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Acute Nephritis (Uremia)

Due To Trauma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

Signed A C Wades M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial 10/20 1926

20 UNDERTAKER Mrs. R. C. Elliott ADDRESS 1725 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

E,1519T

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

E,1519T

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 114 N Colvin St., 5-1 Ward)

2-FULL NAME francis mondawney

(a) RESIDENCE NO. 114 N Colvin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: Col | 5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER G. ~~Dawn~~ Mondawney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Eliz Armstrong

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mary E. Adley

(Address) 307 S. Eaton St

15 Filed C. THOMPSON JONES, M. D.

23 1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

Coal Gas Poisoning

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

(Signed) W. T. Talley

(Coroner) 439 Lemmon

6/21, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Ashury Cemetery	10/23 1926
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1725 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15192

CERTIFICATE OF DEATH.

1926 E 15192

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. V-2 Ward)

2-FULL NAME Weronika Poturalski

(a) RESIDENCE NO. 614 S. Regester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 21 1893

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	33	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Edward Sawlowski

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant John Paturalski son

(Address) 614 S Regester St

Very important

3 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

~~Cerebral Hemorrhage~~ Abortion

Criminal

(duration) 1 day (6 wks)

CONTRIBUTORY (Secondary) Septic Peritonitis

(duration) yrs. mos. ds.

(Signed) Geo Blades M. D.

(Coroner)

Oct 23 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Date of Burial Oct 25 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

Spec—12-23-21—E.B.R.S.—400 Bks.

E, 15193 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE E, 15193

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

City of BALTIMORE: (No. 1448 W. Lacey St., 15-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Hughes

(a) Residence No. 1448 W. Lacey St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, C

5-Single, Married, ~~Widowed~~ or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Hughes

6-DATE OF BIRTH (month, day and year) 1878

7-AGE. 48 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Janitor Paint Dealer

(c) Name of employer Kaufman and

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Hughes

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Ella Thornton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

11- (Informant) Nelson Hughes

(Address) 582 Orchard St

15- Filed ..... 192 ..... Registrar.

C. HARRISON JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 21. 1926

17- I HEREBY CERTIFY, That I attended deceased from Sept 22 1926 to Oct 21 1926

that I last saw h alive on Oct 20 1926

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Goitre

(Pyloric) Carcinoma ?

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? c

Did an operation precede death? no Date of

Was there an autopsy? no ... Physical

What test confirmed diagnosis? Stomach

(Signed) Wm H Wright M. D.

(Address) 1209 Presbman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lamel Conn

DATE OF BURIAL. Oct 23/926

20-UNDERTAKER. Samuel Easton

ADDRESS 716 Eu ave.

Cor.—12-9-25—A Co.—200 Bks.

E, 15194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1927 E, 15194

23-1

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Cousar, C.

(a) RESIDENCE NO. 125 W. West St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored.	Married

5a If married, widowed, or divorced, WIFE of XXXXXXXXXXXX HUSBAND of XXXXXXXXXX Lucille Cousar, C.

6 DATE OF BIRTH (month, day, and year) December--1898

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	27	10	----	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) South Carolina.

PARENTS

10 NAME OF FATHER John Cousar, C.

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Do not know.

14 Informant Lucille Cousar C. (wife)

(Address) 125 W. West St.

Very important that this be filled out.

Filed ..... 1926 C. MARSHALL JONES, M. D.

By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 20, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage due to a pistol shot wound of the Abdomen.

Homicide.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) Otto M. Bernhardt M. D. (Coroner)

10/23 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? 1131 E. Sharp St. October 20, 1926

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Oct 23 1926

20 UNDERTAKER Daniel Easley ADDRESS 916 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15195

CERTIFICATE OF DEATH.

15-5-89

E 15195

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St., 15-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice MacDonald White

(a) RESIDENCE NO. 3201 Windsor Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley White

6 DATE OF BIRTH (month, day, and year) June 20-1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Peter N. MacDonald

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Laura Spear

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Wesley White

(Address) 3201 Windsor Ave

15 Filed C. JACKSON JONES, M. D.

OCT 25 1925 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 22nd 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest I find that said deceased came to death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 6 hours yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) C. Jackson Jones M. D.

(Coroner)

Oct 22nd 1925 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem Date of Burial Oct 25 1925

20 UNDERTAKER H. J. Tuckey & Son ADDRESS N. Pa Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 ✓ E-15196

E-15196

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 826 N. Stricker St. 16-7 Ward)

2-FULL NAME Antoinette Watkins

(a) RESIDENCE NO. 826 N. Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Watkins

6 DATE OF BIRTH (month, day, and year) Feb-27-1900.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	7 mo	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Banks.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co., Md.

12 MAIDEN NAME OF MOTHER Sadie Cure.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) [illegible], Md

14 Informant Chester Ruland, husb.

(Address) 2532 Edmondson Ave.

Filed 10-23 1926 Registrar C. HAMPSON JONES, M. D.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-20-1926.

17

I HEREBY CERTIFY, That I attended deceased from April 6- 1926, to October 20- 1926, that I last saw her alive on October 14- 1926, and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) Chester Ruland, M. D.

10-24 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cem Date of Burial Oct 23 1926

20 UNDERTAKER Sam'l H. Oursler & Sons ADDRESS 1400 Mosher

...—1-12-23—M&D-500 Blks.

636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15197

E. 15197.

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7 WARD)

2-FULL NAME Lena Jones

(a) RESIDENCE NO. Box 175, North Pt. Rd. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE Col | (Single) Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 12-1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	11	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rena Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed Oct 23 1926, 19 C. THOMPSON JONES, M. D. Registrar

Per CKK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7 1926, to Oct. 22, 1926, that I last saw h[e] alive on Oct. 22 1926 and that death occurred, on the date stated above, at 1 1/2 0 a.m

The CAUSE OF DEATH* was as follows:

~~Kidney trouble~~

Typhoid Fever ?

(duration) ? yrs. ? mos 22 ds.

CONTRIBUTORY (Secondary) ~~Stone~~ Cerebral Thrombosis

(duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Thomas S. Cullen, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Ct

DATE OF BURIAL Oct 24 1926

20 UNDERTAKER C. L. Brown & Son

ADDRESS Vest & Monument Sts

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15198 38 E 15198

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 14-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maud S. Lewis

(a) RESIDENCE NO. 2203 Druid Hill Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 Yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Lewis

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.Carolina

PARENTS

10 NAME OF FATHER Henry Snow

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Carolina

12 MAIDEN NAME OF MOTHER Joanette William

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Carolina

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed 10 23 1926 C. THAMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-21- 1926

17 I HEREBY CERTIFY, That I attended deceased from 6-17- 1926, to 10-21- 1926.

that I last saw her alive on 10-21- 1926,

and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Serologicaland clini. cal findings.

(Signed) Goedrich M. D.

10/23/1926 (Address) Mt Wilson City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 10/25/1926

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15199 X 1-08 ✓ E, 15199

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Priscilla Phillips Randall

(a) RESIDENCE NO. Bowie Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Married

If married, widowed, or divorced
HUSBAND of
or) WIFE of Thomas D Randall

DATE OF BIRTH (month, day, and year) May 4, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48		5	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife (37)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Ruxton
(State or country) Md.

PARENTS

10 NAME OF FATHER Aquila Phillips

11 BIRTHPLACE OF FATHER (city or town) Riderwood
(State or country) Md

12 MAIDEN NAME OF MOTHER Priscilla Scott

13 BIRTHPLACE OF MOTHER (city or town) Ruxton
(State or country) Md

14 Informant Susan F Williams
(Address)

15 Filed 10-23 1926 G. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/18, 1926, to 10/20, 1926, that I last saw h or alive on 10/20, 1926, and that death occurred, on the date stated above, at 11.00 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with uraemia

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia + Typhoid fever

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W S Paulsen, M. D.

10/20, 1926 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	10/23/1926

20 UNDERTAKER Mr. George K. Holland ADDRESS 1631 Druid Hill Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15200

38 E 15200

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No.) St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Skinner

(a) RESIDENCE NO. BALTIMORE CITY HOSPITALS St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Connecticut

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant (Address) City Hospital Records

15 Filed ....., 19..... Per C. THAMPSON JONES, M. D. Registrar

3 1926 0760

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 18 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to October 18, 1926, that I last saw him alive on October 18, 1926, and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Central Nervous System Syphilis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? genral & Laboratory

(Signed) R Thorpe Smith, M. D.

at. 19 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial OCT 19 1926

20 UNDERTAKER Commissioner Health. ADDRESS

UNIVERSITY OF MARYLAND

BALTIMORE CITY HOSPITALS

Spec.—12-9-25—A Co.—200 Bks.

E 1 15201

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ✓ E 1 15201

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [redacted] St., 6-1 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gillins

(a) RESIDENCE NO. 164 East St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) South Carolina

PARENTS

10 NAME OF FATHER Moses Gillins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Hanna — ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina

14 Informant City Hospital Records

(Address)

15 Filed C. THOMPSON JONES, M. D.

Registrar

3 1926 Per 0749

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 20 1926

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1926, to October 20, 1926, that I last saw him alive on October 20, 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Residual Hemiplegia (left)
Arterial Sclerosis, Chronic Myocarditis
Myocardial Insufficiency
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Failure
(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R D Hooper South, M. D.

at 27 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
20 UNDERTAKER	ADDRESS

BALTIMORE CITY HOSPITALS
UNIVERSITY OF MARYLAND
Commissioner Health.
OCT 2 1926

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15202

75-001

E 15202

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ____ St., 28 Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Clary

(a) RESIDENCE NO. 3926 Woodbine Ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER ? Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ? Unknown

14 Informant City Hospital Records

(Address)

Rec. 15 C. THOMPSON JONES, M. D.

Registrar

2 3 1926 Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 22 1926

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to October 22, 1926, that I last saw him alive on October 21, 1926, and that death occurred, on the date stated above, at 3-30 P.M.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis

Residual Right Hemiplegia

Senility

(duration) ? yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Beaupre Smith, M. D.

at ? 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prospect Cemetery, Mt. Airy Md. Date of Burial 10/27/1926

20 UNDERTAKER C. D. Penning & Son - 1386 Lafayette ADDRESS

c.—1-12-23—M&H—500 Blks.

6572

15203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15203

CERTIFICATE OF DEATH.

+90

1-PLACE OF DEATH

ITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSP. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry E. Payne

(a) RESIDENCE No. 1601 Virginia St. Charlestown W. Va.
(Usual place of abode) WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Couch (Payne)

7 DATE OF BIRTH (month, day, and year) June 30 1885

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	23	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Window glass Co.

(b) General nature of industry, business, or establishment in which employed (or employer) Mfg.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Charles Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) La.

14 Informant Charles K. Payne
(Address) Charleston W. Va.

15 Filed OCT 24 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1926, to Oct 23, 1926, that I last saw him alive on Oct 23, 1926 and that death occurred, on the date stated above, at 6 03 a.m.

The CAUSE OF DEATH* was as follows:

Bacterial Endocarditis
(Organism undetermined.

(duration) yrs. 3(?) mos ds.

CONTRIBUTORY (Secondary) Pulmonary infarct

(duration) yrs mos. 3 hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W Lindsay Miller, M. D.

10/23/26 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charleston W. Va. DATE OF BURIAL Oct 24 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15204

CERTIFICATE OF DEATH.

57 E-15204

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Ruxton ave ST. 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Lebovitz

(Residence in Baltimore: No. 1607 Ruxton Ave St.; 70 yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female | 4-COLOR OR RACE, White | 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, Unknown (Month) 1870 (Day) (Year)

7-AGE, 56 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Russia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country), Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) David Lebovitz

(Address) 1607 Ruxton Ave

15-

Filed 10 24 1926, 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. (Month) 22 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 1924, to Oct 22 1926, that I saw her alive on Oct 22 1926, and that death occurred, on the date stated above, at 3 00 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

Myocardial degeneration

(Duration).....yrs.....mos.....ds.

(Signed) Mrs K. A. Hellman M. D.

10/23, 1926 (Address) 1595 N Bentalou st

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Hebrew Rem | DATE OF BURIAL. 10/25, 1926

20-UNDERTAKER Jack Lewis | ADDRESS Eastern

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15205

CERTIFICATE OF DEATH.

100-001

E 15205

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST. 21 WARD)

2-FULL NAME Mrs. Leah Bernstein

(a) RESIDENCE NO. 14 S. Eden ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Jacob Bernstein

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 66 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia.

PARENTS

10 NAME OF FATHER: Nathan Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jacob Bernstein

(Address): 14 S. Eden St

15 Filed: CT24 1926 C. MATTHEW JONES, M.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1926 to Oct. 22, 1926.

that I last saw he alive on Oct 22, 1926

and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Louis T. Lavy, M. D.

(Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Rd

DATE OF BURIAL: 10/24/26 19

20 UNDERTAKER: Jack Lewis

ADDRESS: 1429 Pa Ave

E 15206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15206

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 900 N. Bentelaun St 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Levitt

(Residence in Baltimore: No. 900 N. Bentelaun St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. March (Month) 25 (Day) 1872 (Year)

7-AGE.	If LESS than 1 day.
54 yrs. 6 mos. 27 ds.	....hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

9-BIRTHPLACE. (State or Country) Russia

PARENTS.

10-NAME OF FATHER. Laib Levitt

11-BIRTHPLACE OF FATHER. (State or Country) Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie Levitt

(Address) 900 N. Bentelaun St

15- Filed OCT 24 1926 C. HARRISON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct (Month) 22 (Day) 192[illegible] (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an[illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said[illegible] (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Indigestion
Coma & Paralysis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D. (Coroner.)

192... (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Mausoleum DATE OF BURIAL. 10-24 1926

20-UNDERTAKER. Jack Lewis ADDRESS 1439 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

15207

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 E. 15207

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 St. Mary ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan R. Jefferson

(a) RESIDENCE NO. 416 St Mary ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced (or) WIFE of John Wesley Jefferson

6 DATE OF BIRTH (month, day, and year) Dec 16, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co (State or country) Md

PARENTS

10 NAME OF FATHER Wm. Hammond

11 BIRTHPLACE OF FATHER (city or town) Calvert Co (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co (State or country) Md

14 Informant Margaret Jefferson (Address) 416 St Mary St

15 Filed 2 4 1926 C. HARRISON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 19 ~~20~~, 1926 to Oct 21, 1926, that I last saw her alive on Oct 20 ~~Oct~~, 1926, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Hard work & Exposure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Ellis, M. D.

10/22, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL 10/23/26

20 UNDERTAKER Samuel Hensley ADDRESS 538 Eddie

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15208

188-003

E 15208

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George I Jones

(a) RESIDENCE NO. 322 Diamond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1917

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Royal Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Cora I Thompson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs McCoy.

(Address) 322 Diamond st.

Filed 19

Registrar

OCT 24 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct 27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured cerebral aneurism

Cerebral Hemorrhage

Child struck by touring car

(duration) yrs. mos. ds.

CONTRIBUTORY Fractured Skull

(Secondary)

(duration) yrs. mos. ds.

(Signed) Edward J Gorman M. D.

(Coroner)

, 19 24 (Address) 1328 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial Oct 24 1926

20 UNDERTAKER Mrs Jas H. Dennis ADDRESS 1303 Riesterstown St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15209

CERTIFICATE OF DEATH.

31 E 15209

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 15209

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1766 Gorsuch Ave ST., 9-3 WARD)

2-FULL NAME Ann B. Connell

(a) RESIDENCE NO. 1766 Gorsuch Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 22nd 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Philip Connell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret O'Neill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Estelle S. Neaterby
(Address) 1118 Woodmont Road

15 Filed OCT 24 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23 1926

17

I HEREBY CERTIFY, That I attended deceased from April 12, 1925, to Oct 23, 1926.

that I last saw her alive on Oct 23, 1926

and that death occurred, on the date stated above, at 8:25 A m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? T

(Signed) Geo L Zimmerman M. D.

10/25 1926 (Address) 2808 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Cathedral Cemetery — DATE OF BURIAL Oct. 26 1926

20 UNDERTAKER Henry Horak Son — ADDRESS 1301 E Eager St

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

77-001

15210 1. PLACE OF DEATH — REGISTERED NO. C 15210

CITY OF BALTIMORE (No. 329 Dolphin St. 11-1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Olympia Brown Willis

(Residence in Baltimore: No. 329 Dolphin St.; 12 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: f

4. COLOR OR RACE: white

5. ~~SINGLE~~, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~ (Write the word): widow

6. DATE OF BIRTH: January 5, 1835 (Month) (Day) (Year)

7. AGE: 91 yrs. 9 mos. 18 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer): 018

9. BIRTHPLACE (State or country): Paradise Ronde Michigan

PARENTS

10. NAME OF FATHER: Asa Brown

11. BIRTHPLACE OF FATHER (State or country): Plymouth Vermont

12. MAIDEN NAME OF MOTHER: Lephia Olympia Brown

13. BIRTHPLACE OF MOTHER (State or country): Plymouth Vermont

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Miss Gwendolen Brown Willis

(Address): 329 Dolphin St

OCT 24 1926 Filed — C. MAYBURY JONES, M. D. per K.H. — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: October 23, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1926, to Oct 23 1926, that I saw her alive on Oct 23, 1926, and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 5 yrs. ..... mos. ..... ds

Contributory (SECONDARY): Apoplexy

(Duration) ..... yrs. ..... mos. 8 ds.

(Signed) Asa Pollack M. D.

Oct 23, 1926 (Address) 1112 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Racine Wisconsin — DATE OF BURIAL: Oct 26, 1926

20. UNDERTAKER: Chas. G. Black — ADDRESS: 742 W. Fayette ave

This is very important. See instructions on back of Certificate.

Spec.—8 24 14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15211

CERTIFICATE OF DEATH.

E 15211

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Bonner Road St. | 5-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Kate Worthington

(Residence in Baltimore: No. 3907 Bonner Road St.; 70 yrs., 2 mos. 2 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (Write the word.) Married

6-DATE OF BIRTH, Aug 21, 1856. (Month) (Day) (Year)

7-AGE, 70 yrs. 2 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto

PARENTS.

10-NAME OF FATHER, Mathias Thos. Walker

11-BIRTHPLACE OF FATHER (State or Country), Penna

12-MAIDEN NAME OF MOTHER Mary Ann Bull

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Jos T Gatt

(Address) Hampton Court Apts

15-

Filed ....., 191.... Registrar.

OCT 24 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct 22, 1926. (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 6 1925, to Oct 22 1926, that I saw h[illegible] alive on Oct 20 1926, and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargic

(Duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) R G Davis M. D.

Oct 23, 1926 (Address) 1509 N Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge

DATE OF BURIAL, Oct 25, 1926

20-UNDERTAKER Chas E Fraunfelter

ADDRESS For Madison Ave

Dec.—6-3-19—H. P. Co.—1000 Bks.

Nolia E. Leavelon

E-15212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15212

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1206 N. Lexington St. ST. 18-1 WARD)

2-FULL NAME Nolia Elizabeth Leavelon.

(a) RESIDENCE. NO. 1206 N. Lexington ST., WARD. Kent Co. Md.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) June 22 1902

7 AGE — Years: 24 — Months: 4 — Days: " — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Kent Co. Md.

PARENTS

10 NAME OF FATHER: Samuel D. Leavelon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co. Md.

12 MAIDEN NAME OF MOTHER: Nolia Jones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Md.

14 Informant: William L. Leavelon
(Address) 729 Lemmard St.

15 Filed OCT 24 1926 HARRISON JONES, M. D.
By RJC. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1926, to Oct 22, 1926, that I last saw her alive on Oct 22, 1926, and that death occurred, on the date stated above, at 12:45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Cardiac Insufficiency

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George R. Wisley, M. D.

, 19 (Address) 4000 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemet	Oct 25 1926
20 UNDERTAKER	ADDRESS
Wilbur H. Sherwood	1018 Edmondson

Cor.—12-9-25—A Co.—200 Bks.

E 15213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

37 E 15213

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 221 E. Church St. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur T. Hendricks Jr.

(a) RESIDENCE NO. 221 E. Church St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 0 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXXXX Agnes Hendricks.

6 DATE OF BIRTH (month, day, and year) September 29, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron worker.

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Arthur T. Hendricks. Sr.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Martha Stotko.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Baltimore, Md.

14 Informant Martha Hendricks. (mother)

(Address) 221 E. Church St.

OCT 24 1926 H.H. JONES, M.D.

15 Filed_____ 19____ Per_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 21, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

Acute dilatation of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) H. M. Leonhardt M. D.

(Coroner)

10/22 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Cross Q A Co	10-25-26
20 UNDERTAKER	**ADDRESS**
Earl B Hardt	115 E Mt St

Spec—12-23-21—E.B.P.S.—400 Bks.

E 15214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15214

1-PLACE OF DEATH

City of BALTIMORE: (No. 3719 Fernwood Ave No 6 St. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Bridgett C. Christopher

(a) Residence No.... 3719 Fernwood Ave St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: John B Christopher

6-DATE OF BIRTH (month, day and year): January 15 1866

7-AGE, 60 yrs. 4 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore

PARENTS.

10-NAME OF FATHER: Henry Gorman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Erland

12-MAIDEN NAME OF MOTHER: Margaret Hopkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Erland

14-Informant: John B Christopher

(Address): 3713 Fernwood Ave

15-Filed OCT 24 1926 C. MARSHALL JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 21/26

17- I HEREBY CERTIFY, That I attended deceased from Oct 14, 1926, to Oct 21, 1926

that I last saw h alive on Oct 20, 1926,

and that death occurred, on the date stated above, at 7.40 P m.

The CAUSE OF DEATH* was as follows:

Paralysis R. Side

(Duration) yrs. 6 mos. 1 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no.

What test confirmed diagnosis? By Exam.

Oct 23 26 (Signed) G. C. Fiedler, M. D.

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Holy Redeemer	Oct 25, 1926
20-UNDERTAKER	**ADDRESS**
Wendell Offel Son	373 Dean

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15215
1-PLACE OF DEATH

129 E 15215
REGISTERED NO.

City of BALTIMORE: (No. 3411 Cedarcroft St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luella Johnson

(a) RESIDENCE NO. 3411 Cedarcroft St. 13 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (or) WIFE of Harry M. Johnson

6 DATE OF BIRTH (month, day, and year) Oct. 15-1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Parkton
(State or country) Balto Co Maryland

PARENTS

10 NAME OF FATHER Robert Hedrick
11 BIRTHPLACE OF FATHER (city or town) Parkton
(State or country) Balto Co Md
12 MAIDEN NAME OF MOTHER Mary Rosier
13 BIRTHPLACE OF MOTHER (city or town) Parkton
(State or country) Balto Co, Md

14 Informant Sarah M. Lemon
(Address) 3411 Cedarcroft

15 Filed OCT 24 1926 C. [illegible] JONES, M.D. Registrar
Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1926

17
I HEREBY CERTIFY, That I attended deceased from Sept 5, 1926, to Oct 22, 1926
that I last saw h.e.r. alive on Oct 22, 1926
and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis & Nephritis
Generalized arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 7 ds.

18 Where was disease contracted? Home
If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical Findings

(Signed) L. N. Wilson M.D.
, 19 (Address) 873 N. 36th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Date of Burial Oct 25 1926

20 UNDERTAKER Horace G. Burns ADDRESS 3031 Fd. Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

99-00 ✓

E 15216 REGISTERED NO. E 15216

1-PLACE OF DEATH 3039

City of BALTIMORE: (No. 3039 Westwood Ave St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George William Dasch

(a) RESIDENCE NO. 3039 Westwood Ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married -

3a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Verna Ethel Dawson Dasch

6 DATE OF BIRTH (month, day, and year) June 18, 1893

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
33	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 067

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland -

PARENTS

10 NAME OF FATHER William A. Dasch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md,

12 MAIDEN NAME OF MOTHER Ella Gosnell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. County, Md -

14 Informant James W Dasch

(Address) 3039 Westwood Ave -

15 Filed ____ 19 ____ C. ALLISON JONES, M. D. Registrar

OCT 24 1926 BY ____ for ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to October 24, 1926, that I last saw h~~im~~ alive on October 23, 1926, and that death occurred, on the date stated above, at 4 40 A. m.

The CAUSE OF DEATH* was as follows:

Purulent Bronchiectasis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Lung Abscess - Bilat.

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted? Pittsburgh, Pa

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray + Physical Findings

(Signed) John E. Norment, M. D.

19 (Address) 3543 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dated of Burial

Myrtle Ridge Oct. 28 1926

20 UNDERTAKER ADDRESS

Horace A. Bruce 303 Park Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15217

CERTIFICATE OF DEATH.

109-002
E, 15217

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST. 10-K WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arnold Brodsky

(a) RESIDENCE NO. 1215 E. Preston ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Nathan Brodsky

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Gertrude Lehrman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant Jack Levis
(Address) 1429 Edmondson Ave

15 Filed T 24 1926 C. HARRISON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-23-1926

17

I HEREBY CERTIFY, That I attended deceased from 10-21, 1926, to 10-23, 1926,

that I last saw him alive on 10-23, 1926,

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Septic Sore Throat

(duration) yrs. mos 8 ds.

CONTRIBUTORY
(Secondary) Pneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) H. Vidor Selig, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lehrman Rosedale	Thurs 19
20 UNDERTAKER Jack Levis	ADDRESS 1429 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

E, 15218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED No. E, 15218

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Geneva Apts. 3405 Greenway ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline Hall Campbell

(a) RESIDENCE NO. Geneva Apts. 3405 Greenway ST., ... WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 69 yrs. 1 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William J. Campbell

6 DATE OF BIRTH (month, day, and year) Aug. 6-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Albany
(State or country) N.Y.

PARENTS

10 NAME OF FATHER Amos Hall

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Sarah ? ? ?

13 BIRTHPLACE OF MOTHER (city or town) ? ?
(State or country)

14 Informant Mrs. Henry E. Campbell (Son)
(Address) Geneva Apts. 3405 Greenway

15 Filed ..... 19 ..... Per ..... Registrar

24 1926

C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1926, to Oct. 24, 1926,

that I last saw her alive on October 23, 1926,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) ... yrs. ... mos 12 ds.

CONTRIBUTORY (Secondary) Chronic Laryngitis

(duration) 30 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. D. Franklin, M. D.

, 19 (Address) #4 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Albany New York.

DATE OF BURIAL

Oct. 26 19

20 UNDERTAKER STEWART & MOWEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

123 ✓

E 15219

CERTIFICATE OF DEATH.

E 15219

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2301 N. Calvert St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Lally Roddy

(a) RESIDENCE NO. 2301 N. Calvert St. — Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wife Bernard Roddy

6 DATE OF BIRTH (month, day, and year): December 18 1853

7 AGE — Years: 73. Months: 10 Days: 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Cuzzy

(State or country): Ireland

PARENTS

10 NAME OF FATHER: P. Lally

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Mrs P. Smithy

(Address): 309 E 22nd St

15 Filed OCT 24 1926 C. EMMETT JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1926, to Oct. 22, 1926, that I last saw her alive on Oct. 22, 1926, and that death occurred, on the date stated above, at 8.20 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac dilitation

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Stroke from Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden, M. D.

10/22/1926 (Address) 1216 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dam Cathedral — Date of Burial: Oct 25 1926

20 UNDERTAKER: Mary M. Hatfield ADDRESS: 501 E 22nd St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15220

CERTIFICATE OF DEATH.

REGISTERED NO. 17-2177

E, 15220

1-PLACE OF DEATH

City of BALTIMORE: (No. Community Hospital St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucy Brown Scruggs

(a) RESIDENCE NO. 622 Fawn St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 9, 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Private

9 BIRTHPLACE (city or town) Virginia

(State or country)

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Louisa Wingfield

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Viola McPherson

(Address) 659 Fawn St

17 Filed OCT 25 1926 19 C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage

Contributed to by Arteriosclerosis

Duration—Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thomas J. Kenny M. D. (Coroner)

, 19 26 (Address) 33 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Oct 25 1926

20 UNDERTAKER Daniel Easton ADDRESS 966 a ave.

Spec.—1-10-21—M&T—1500 Bks.

Holland.

E 15221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15221

CERTIFICATE OF DEATH.

128

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1140 Wilkins ave ST. 17-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Holland

(a) RESIDENCE NO. 1140 Wilkins ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Holland

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) " 037

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant George Britton (Address) 1140 Wilkins ave

Filed OCT 25 1926 C. HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/19/ 1926 to 10/23 1926

that I last saw h alive on 10/22 1926

and that death occurred, on the date stated above, at 7.05 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos V ds.

CONTRIBUTORY (Secondary) Adenitis Nephritis

(duration) yrs. mos 4 ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R Lee Ellis M. D.

(Address) 1st Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Oct 25/26

20 UNDERTAKER Daniel Easton ADDRESS 916 Eutaw

ec.—6-3-19—H. P. C.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15222

E, 15222

CERTIFICATE OF DEATH.

REGISTERED NO. 1624

1-PLACE OF DEATH

ITY OF BALTIMORE: NO. 3722 Chestnut Ave ST. 13-4 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Palmisano. Jr.

(a) RESIDENCE. NO. 3722 Chestnut Ave ST., WARD.
(Usual place of abode) See 7 below.

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, [redacted] or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 23 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 33 min.
	0	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

000

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Vincent Palmisano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Wentz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Ida L Wentz 3722 Chestnut Ave

15 Filed 5 1926 C. THOMPSON JONES, M. D., Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-23 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1926, to Oct 23, 1926, that I last saw h— alive on Oct 23, 1926, and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Apnoea Neonatorum

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R B Vincent, M. D.

10 U 1926 (Address) 3547 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Oct 25 1926

20 UNDERTAKER: Chenoweth Son — ADDRESS: 3617 Chestnut Ave

c.—1-12-23—M&T—500 Blks.

E 15223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 15223

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Mosher St ST. 16-4 WARD)

2-FULL NAME Ema B. Taylor

(a) RESIDENCE NO. 1908 Mosher St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. B. Taylor

6 DATE OF BIRTH (month, day, and year) Dec 3 1857

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or.....min.
68	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Taylors Island Md

PARENTS

10 NAME OF FATHER William Albers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Anna D. Brome

(Address) 1908 Mosher St

15 Filed 25 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 4th. 1926 to October 22, 1926.

that I last saw her alive on October 22. 1926

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 5 Yrs.

Chronic Nephritis 2 Yrs.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Acute Dilitation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Chas Mendelsohn, M. D.

19 (Address) 24 N Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Oct 25. 1926

20 UNDERTAKER John O. Mitchell

ADDRESS 1201 N. Fayette

CAPTON JONES, M. D.

pec.—6-9-19—H. P. Co.—1000 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15224

CERTIFICATE OF DEATH.

E-2 129

E 15224 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 or Colington ST.) (E-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Wimmer

(a) RESIDENCE. NO. 1835 Colington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wimmer

6 DATE OF BIRTH (month, day, and year) Sept 15 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	50	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Dieschel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dora Knopf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Wimmer
(Address) 1435 Colington

15 Filed OCT 25 1926 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/19 1926, to 10/22 1926, that I last saw h[illegible] alive on 3 pm 10/22 1926, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Lynn Ely, M. D.

, 19 (Address) 2830 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Oct 26 1926
20 UNDERTAKER Frank A. Penk	ADDRESS 915 N. Eutaw

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15225 22

CERTIFICATE OF DEATH.

127-001

E 15225

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 Herring St. 3-2 WARD)

2-FULL NAME John W. Gibbs

(a) RESIDENCE NO. 203 Herring St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal & Wood dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Coal & Wood

(c) Name of employer Jones 045

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER John Gibbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Geo Gibbs

(Address) 413 Spring

15 Filed OCT 25 1926 C. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1926, to Oct 23, 1926, that I last saw h alive on Oct 23, 1926, and that death occurred, on the date stated above, at 3.40A, m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Grippe (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D Clyde Burns, M. D.

19 (Address) 2017 E. 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Osborn Cemetery

DATE OF BURIAL Oct 25 1926

20 UNDERTAKER Jos. J. H. Rochester

ADDRESS 1413 E. Monument St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15226

REGISTERED NO. E 15226

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St., 76-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fannie Porter

(a) RESIDENCE NO. 425 S. 3rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis a Porter

6 DATE OF BIRTH (month, day, and year) March 21 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER John Boyce

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Don't know

14 Informant Mrs A. B. Ewell

(Address) 5319 Eastern Ave

15 Filed OCT 25 1926 C. CARSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull (Fall)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Date of Burial Oct 25 1926

20 UNDERTAKER John T Berry ADDRESS 715 Lex St

OCT 25 1926

Spec.—12-9-25—A Co. 2 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15227

CERTIFICATE OF DEATH.

90

E T 15227

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. 761 St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Sapp

(a) RESIDENCE NO. BALTIMORE CITY HOSPITALS St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25th 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	67	9 8	27 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry B. Sapp

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant City Hospital Records

(Address)

Filed 25 1926 19 C. HARRISON JONES, M. D. Registrar

For RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 22 1926

17

I HEREBY CERTIFY, That I attended deceased from October 28 1925, to October 22, 1926., that I last saw him alive on October 22, 1926., and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBITORY (Secondary) Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gen'l & Laboratory

(Signed) G. Hooper Smith, M. D.

at 23 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. — Date of Burial Oct 25 1926

20 UNDERTAKER John Weerich — ADDRESS 2008 Orleans

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15228

CERTIFICATE OF DEATH.

75-091

E 15228

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 1701 Lakeside ave ST., 9-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Oberche

(a) RESIDENCE NO. 1701 Lakeside ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Henry Oberche

6 DATE OF BIRTH (month, day, and year): June 29 1845

7 AGE — Years: 81 — Months: 3 — Days: 24 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Matilda C Koenig
(Address): 1701 Lakeside ave

15 Filed ..... 19..... C HARRISON JONES, M. D. Registrar

OCT 25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/23 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr 7, 19 26, to Apr 23, 19 26,

that I last saw h alive on Apr 23, 19 26,

and that death occurred, on the date stated above, at 12 25 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Meyer M. D.

10/23 1926 (Address) 1580 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Oct 26 1926

20 UNDERTAKER: Henry Lutz — ADDRESS 1203 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

E, 15229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23-1 188-003

E, 15229

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

2-FULL NAME Edward L. Maris.

(a) RESIDENCE NO. 1118 Leadenhall St. St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) February 8 1917

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of indnstry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Gilbert Maris.

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Emma Braun.

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Baltimore, Md.

14 Informant Gilbert Maris. (father)

(Address) 1118 Leadenhall St.

Filed OCT 25 1926 H. C. JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 21, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull and internal injuries. While attempting to jump on rear of auto truck, slipped into street and was run over by trailer. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Death. (Duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt (Coroner)

10/28 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Cross & Race Sts. Oct. 21, 1926.

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Date of Burial Oct 25 1926

20 UNDERTAKER Margaret D. Flynn ADDRESS 1422 Light St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E, 15230 — REGISTERED NO. E, 15230

1-PLACE OF DEATH

City of BALTIMORE: (No. 1909 N. Pulaski St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Becker

(a) RESIDENCE NO. 1909 N. Pulaski St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1. 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33	0	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Proprietor

(b) General nature of industry, business, or establishment in which employed (or employer) Confectionery

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER John Becker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Mundey

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Margaret Becker

(Address) 1909 N. Pulaski

15 Filed....., 19..... Registrar

T25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 19 25, to Oct. 24, 19 26,

that I last saw h.. alive on Oct 23, 19 26,

and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Chronic active, 1st stage.

(duration) 1 yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted 1 year 1 month

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

19 (Address) 2106 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Lorraine Cem Oct. 26, 26.

20 UNDERTAKER — ADDRESS

Mr & Mrs J. H. Teufel & Son 801 N. Fayette St

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15231

CERTIFICATE OF DEATH.

90 E, 15231

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3902 Woodbine St., 28-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME C. Ludwig Wagner

(a) RESIDENCE NO. 3902 Woodbine St. on Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Wagner

6 DATE OF BIRTH (month, day, and year) Aug 18, 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Grocer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Annie E. Wagner

(Address) 3902 Woodbine Ave

Filed ..... 19 ..... Registrar

OCT 25 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

Oct 22 1926 (Signed) C. Glass (Coroner) M. D.

(Address) 1436 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Oct 25 1926

20 UNDERTAKER Mrs. Mrs. John W. Teufel & Son ADDRESS 801 W. Fayette

PERSON JONES, M.D.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15232

CERTIFICATE OF DEATH.

E, 15232

1-PLACE OF DEATH

City of BALTIMORE, (No. 2479 Druid Hill St. 13-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa E. Holland

(a) Residence No. 2479 Druid Hill St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles S Holland

6-DATE OF BIRTH (month, day and year) February 24-1883 ~~Oct 22 1926~~

7-AGE. 43 yrs. 8 mos. 28 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... 37

(b) General nature of industry, business, or establishment in which employed (or employer)..... Housewife

(c) Name of employer..... Self

9-BIRTHPLACE (city or town) (State or Country), Frederick Co Md

PARENTS.

10-NAME OF FATHER, John T. Diggs

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Frederick Co Md

12-MAIDEN NAME OF MOTHER, Sarah Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Frederick Co Md

11- (Informant) Sarah F Holland

(Address) 2479 Druid Hill Ave

13- Filed OCT 25 1926 192 E. R. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 22, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 12 19 26 to Oct 22 19 26

that I last saw h.. alive on Oct 22 19 26

and that death occurred, on the date stated above, at 2.15 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma (Gastric)

(Duration) 6? yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? e

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Rays

(Signed) W. H. Baetjer M. D.

(Address) 1709 Eutaw Pl

Oct 24, 19 26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Cem

DATE OF BURIAL. Oct 25 19 26

UNDERTAKER. Samuel Hensley

ADDRESS 538 N Bond St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH

Statistical E 15233 REGISTERED NO. E 15233 DEATH

City of BALTIMORE: (No. Forest & Beulah Aves Ward 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Oppenheimer

(a) RESIDENCE NO Forest & Beulah Aves Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE Moses J. Oppenheimer

6 DATE OF BIRTH (month, day, and year) May 29 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Isaac Eichenbrenner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Jennie Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Louis Tot (Address) Forest & Beulah aves

15 Filed ..... 19 ..... Registrar

OCT 25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from September 17, 19 25, to October 24, 19 26, that I last saw her alive on October 24th, 19 1926, and that death occurred, on the date stated above, at 8:00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Senility

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Eugene Heppard, M. D.

, 19 (Address) 200 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem't Date of Burial 10/26/1926

20 UNDERTAKER David Sondheim ADDRESS 118-20 W Mt. Royal

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15234

CERTIFICATE OF DEATH.

89

REGISTERED NO. E 15234

1-PLACE OF DEATH Lake Lawn & Callow 13-6

City of BALTIMORE: (No. Annadale Cpts. St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuel Berliner

(a) RESIDENCE NO. Annadale Apts. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Mary Berliner

6 DATE OF BIRTH (month, day, and year) Aug. 29, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	76	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Ralph Berliner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Esther Bergman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. S. Berliner

(Address) Annadale Apts

15 Filed ..... 19 ..... by ..... Registrar

OCT 25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/23/1926.

17

I HEREBY CERTIFY, That I attended deceased from Oct 20 ..... 19 26, to Oct 23 ..... 19 26, that I last saw h.. alive on Oct 23 ..... 19 26, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - angina pectoris

(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted? /

If not at place of death? ..... Date of ..... ?

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) J. Frederick Lentz, M. D.

Oct 4 19 26 (Address) Temple Gardens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. Date of Burial 10/25/1926

20 UNDERTAKER Maird Londheim ADDRESS 118 20 W. mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15235

E-001

99

E 15235

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 N. Carey St. (Ward) 16-7

2-FULL NAME Hannah Otelia Minters

(a) RESIDENCE NO. 719 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 18-1926

7 AGE. Years 3 Months Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Charles Minters

11 BIRTHPLACE OF FATHER (city or town) Mathews Co Va

(State or country)

12 MAIDEN NAME OF MOTHER Odaie Carter

13 BIRTHPLACE OF MOTHER (city or town) Northumberland Co

(State or country) Va

14 Informant Mr Charles Minters

(Address) 719 N. Carey St

15 Filed OCT 25 1926 Registrar HARRISON JONES, M.D.

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19th, 1926, to Oct. 24 1926.

that I last saw h alive on Oct 24th, 1926

and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Jas L Bell M. D.

, 19 (Address) 617 Greenmount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Oct 29 1926

20 UNDERTAKER Mrs Jas. H. Dennis ADDRESS 1303 Presstman St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15236

E 15236

CERTIFICATE OF DEATH.

188-002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hos St. 15-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris E. Hopkins

(a) RESIDENCE NO. 1403 Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 26, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto md

PARENTS

10 NAME OF FATHER James E. Hopkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto md

12 MAIDEN NAME OF MOTHER Rosella Wise

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto md

14 Informant Rosella Hopkins

(Address) 1403 N mount st

15 Filed OCT 25 1926 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mt Car Accident

Fracture of Skull

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

(Signed) C O Slade M. D.

(Coroner)

Oct 23/26 (Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery Date of Burial Oct 24 19 26

20 UNDERTAKER Mrs J. H. Dennis per C Folsom ADDRESS 1383 Presstman

Spec.—12-9-25—A Co.—200 Blks.

E 15237.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 15237

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Edwards Home and Infirmary St. 2257 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Spencer -

(a) RESIDENCE NO. 5839 York Road St. — Ward

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Joseph S. Spencer

6 DATE OF BIRTH (month, day, and year) June 28 = 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
68	58	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER James Oswald

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Nolan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mr Joseph S Spencer

(Address) 5839 York Road.

15 Filed OCT 25 1926 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1926

17

I HEREBY CERTIFY, That I attended deceased from October 3, 1926, to October 24, 1926, that I last saw h.. alive on October 24, 1926, and that death occurred, on the date stated above, at 1.20 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis following Pneumonia Influenza

Carcinoma of uterus - 20 days following operation (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis for

Carcinoma — (duration) 1 yrs. ... mos. 20 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of Oct 4- 1926

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Merriwell J. Shelton, M. D.

. 19 (Address) Church Home Infr.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Govanstown Presby. Cemetery Oct 27 1926

20 UNDERTAKER — ADDRESS

Henry Lutz N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E. 15238

CERTIFICATE OF DEATH.

E. 15238

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (X) 3216 Hudson St. 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Nowakowski

(a) RESIDENCE NO. 3216 Hudson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mariana Nowakowski

6 DATE OF BIRTH (month, day, and year) Feb 24 - 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Poland

PARENTS

10 NAME OF FATHER Jos. Nowakowski

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Poland

12 MAIDEN NAME OF MOTHER ~~Constantia~~ Bojarowski

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Poland

14 Informant: Mrs Jos. Nowakowski

(Address) 3216 Hudson

15 Filed OCT 25 1926 K K Registrar

per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 22 26, 19..., to Oct 23 26, 19...,

that I last saw h... alive on Oct 23 26, 19...,

and that death occurred, on the date stated above, at 6 30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Cook, M. D.

10/26 1926 (Address) 413 Fonthill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Rosary Cem	Oct. 26 1926
20 UNDERTAKER	**ADDRESS**
Stephen J. Fallkowski	1000 S. Kenwood Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15239

CERTIFICATE OF DEATH.

90 E, 15239

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St. Hosp. WARD) 19-1

2-FULL NAME Chas. J. Bachmann

(a) RESIDENCE NO. 1316 W. Lexington ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/p yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 28 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64		4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Bachmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Eliz. Asman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hospital Records

(Address): C. HARRISON JONES, M. D.

15 Filed OCT 25 1926 Per RAL, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1926 to Oct 22 1926

that I last saw him alive on Oct. 22 1926,

and that death occurred, on the date stated above, at 12 45 A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) 3(?) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Physical Exam.

What test confirmed diagnosis?

(Signed) Louis T. Fary, M. D.

10/22 1926 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 10-25-26

20 UNDERTAKER: Mrs Chas A G Rohde — ADDRESS: 600 N Arlington Ave

...c.—6-9-19—H. P. Co.—1000 Bks.

E, 15240 HEALTH DEPARTMENT—CITY OF BALTIMORE E, 15240

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Harmeson REGISTERED NO. 40

ITY OF BALTIMORE: (No. 201 Harmonson ave ST.: 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fredrick Ruhe

(a) RESIDENCE. NO 201 Harmonson ave ST., 20 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hedwig Ruhe

6 DATE OF BIRTH (month, day, and year): Aug. 15-1856

7 AGE: Years 70 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cabinetmaker
(b) General nature of industry, business, or establishment in which employed (or employer): United R. R. 014
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10 NAME OF FATHER: Frederick Ruhe
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Christina
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Minnie Graff
(Address) 201 Harmonson Ave

15 Filed OCT 25 1926 19 C. PARKTON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 23 1926

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1926, to Oct. 23, 1926.
That I last saw h~~e~~ alive on Oct 23, 1926,
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH* was as follows:
Mitral Regurgitation

(duration) not known yrs. mos. ds.

CONTRIBUTORY (Secondary): Anaemia
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. P. Eckenbach, M. D.
, 19 (Address) 1412 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL Oct. 26 1926

20 UNDERTAKER: George L. Schwab ADDRESS 220 Fulton Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15241

CERTIFICATE OF DEATH.

E. 15241

1-PLACE OF DEATH Woman's Hospital — 46

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST. 15-5 WARD)

2-FULL NAME Maria Louise Hugel

(a) RESIDENCE NO. 3703 Powhatan Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Virginia

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

6a If married, widowed, or divorced (b) HUSBAND of (or) WIFE of: Louis Hugel

6 DATE OF BIRTH (month, day, and year) April 10, 1845

7 AGE — Years: 81 — Months: 6 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Virginia

PARENTS

10 NAME OF FATHER: John Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Sarah Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: Eugene Reus.

(Address) 3703 Powhatan ave.

15 Filed OCT 25 1926 19 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926, to Oct. 22, 1926.

that I last saw her alive on Oct 22, 1926,

and that death occurred, on the date stated above, at P m.

The CAUSE OF DEATH* was as follows:

Malignant Ovarian cyst, Right

Carcinoma

unknown

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Embolus 15 minutes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of Oct. 7, 1926

Was there an autopsy? no

What test confirmed diagnosis? Pathology

(Signed) Wm M. Wilson, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Oct 25th 1926

20 UNDERTAKER: J. J. Moran

ADDRESS 300 E Baltimore

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15242

CERTIFICATE OF DEATH.

49 E, 15242

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 S. Ellwood ave St. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Schefflien

(a) RESIDENCE No. 825 S. Ellwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Schefflien

DATE OF BIRTH (month, day, and year) Nov. 11-1864

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	11	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 61

(b) General nature of industry, business, or establishment in which employed (or employer) Patrolman

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Schefflien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Seibert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mary M. Schefflien

(Address) 825 S. Ellwood Ave

OCT 25 1926 (Filed) H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Oct 23, 1926, that I last saw him alive on Oct 23, 1926, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows.

A Carcinoma Mediastinal & Cervical Glands "Primary"

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray & Observation

(Signed) Horace B Tilden, M. D.

10/24, 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL Oct. 26 1926

20 UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E. Eager st.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15243

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E 15243

1-PLACE OF DEATH

City of BALTIMORE: (No. 3735 Kossuth St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Selby

(a) RESIDENCE NO. 3735 Kossuth St. 20th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Selby

6 DATE OF BIRTH (month, day, and year) Feb 14 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardner

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Annie Selby

(Address) 3735 Kossuth St

Filed Oct 25 1926 19

C. [illegible] JONES, M. D.

Registrar

RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) Instant yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. B. Norton M. D.

(Coroner)

Oct 24—1926 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See Instructions for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Oct 26 1926

20 UNDERTAKER C. H. Philpot ADDRESS 805 W. Pacca St

...—1-12-23—M&T—500 Bks.

E, 15244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15244

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH Rognel Heights. 284

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 702 Fourth Avenue ST., ... WARD)

2-FULL NAME Frances Virginia McDaniel

(a) RESIDENCE NO. 702 Fourth Avenue ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of J. Milton McDaniel

DATE OF BIRTH (month, day, and year) Nov. 25" 1837

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	10	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Frederick Co.

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Elkins

11 BIRTHPLACE OF FATHER (city or town) Philadelphia

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Miss Keefer

13 BIRTHPLACE OF MOTHER (city or town) Hanover

(State or country) Pa.

14 Informant J. M. McDaniel

(Address) 1721 East Lanvale St.

15 FILED 5 1926, 19... C. HAMPSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23" 19 26

17

I HEREBY CERTIFY, That I attended deceased from Oct-1, 1926, to Oct. 23, 1926

that I last saw h-- alive on Oct-23, 1926

and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

1 1

Myocarditis

(duration) ... yrs. ... mos 23 ds.

CONTRIBUTORY (Secondary) Senility

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Martin W Shook, M. D.

10/24, 19 26 (Address) 806 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct. 26, 1926

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

E-15245

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15245

100-001

CERTIFICATE OF DEATH

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 801 Pimlico Alley. St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Brown.C.

(a) RESIDENCE NO. 801 Pimlico Alley. St._____ Ward.....

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) August 18, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Byrd Brown (C)

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Cora Brown. (C)

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Calvert Co. Md.

14 Informant Cora Brown. C. mother.

(Address) 801 Pimlico Alley

5.1926 ..... 19 ..... Registrar

0755

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
unknown.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Steinhardt M. D.
(Coroner)

10/25 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND.
OCT 25 1926

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15246

CERTIFICATE OF DEATH.

E, 15246

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1326 N. Dallas ST., (8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Dawson

(a) RESIDENCE NO. 1326 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Oct 24/26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				0

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Marcus Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Pearlina Fenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Marcus Dawson (father)
(Address) 1326 N. Dallas St.

15 Filed 192 C. THOMPSON JONES, M. D. Registrar

5 1926 0756

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity (about 8 mons gestation as reported)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined (duration) yrs. mos. ds.

(Signed) [signature] (Coroner.), M. D.

10/25/26. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS OCT 25 1926

Spec.—1-10-21—M&T—1500 Bks.

E. 15247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E. 15247

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp. (ST.) 70-b (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Morris

(a) RESIDENCE NO. 516 Brunswick St. ST., City WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	married.

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sara Wilkins Morris

6 DATE OF BIRTH (month, day, and year) Oct 15th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	56		9	

8a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Loudon Park Cem Va.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Wm Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Dora Morris

(Address) 516 Brunswick St City

15 Filed 25 1926 C. HAMPSON JONES, M. D. Registrar

Per APR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-24 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-9 1926 to 10-24 1926

that I last saw him alive on 10-24 1926

and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

- Chronic Valvular Heart disease
- Mitral Insufficiency.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Diffuse Nephritis (Chronic) (duration) ✓ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? clinical.

(Signed) A. J. Knapp. M. D.

19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Oct 28th 1926

20 UNDERTAKER: Edw. J. Cowan & Son — ADDRESS: 901 Hollins

Edw. J. Cowan

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15248

CERTIFICATE OF DEATH.

100-001

E 15248

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 835 W Baree St - St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Croghan

(a) RESIDENCE NO. 835 W Baree St - St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. (3 mos.) ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 24th 1926

7 AGE: Years | Months (3) | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Croghan

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth M Gross

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore, Md

14 Informant Mr Henry Croghan

(Address) 835 W Baree St -

Filed OCT 25 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1926, to Oct. 24, 1926, that I last saw her alive on Oct. 24, 1926, and that death occurred, on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B H Isaacs, M. D.

, 19 (Address) 1827 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — Date of Burial: Oct 26 1926

20 UNDERTAKER: John J Cowan & Son, Chas F. Cowan — ADDRESS: 901 Holliday St

Spec.—12-9-25—A Co.—200 Bks.

15249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 15249

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1320 N Fulton Ave St. 5-12 Ward)

2-FULL NAME George Colley

(a) RESIDENCE NO. 1320 N Fulton Ave St. ____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula E. Colley

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1875

7 AGE	Years	Months	Days	IF LESS than 1 dny.....hrs. or.....min.
	51	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of indnstry, business, or establishment in which employed (or employer) _____

(c) Name of employer Bell's Co

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Robert A. Colley

11 BIRTHPLACE OF FATHER (city or town) Unk

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Rush

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Mrs. Lula E. Colley

(Address) 1320 N Fulton Ave

Filed 5 1926 19 C. THOMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1926, to Oct 23, 1926, that I last saw h.me alive on Oct 22, 1926, and that death occurred, on the date stated above, at 9.50 a.m.

The CAUSE OF DEATH* was as follows:

Mitral regurg. Contributory Chronic Nephritis Regurg.

Lobar pneumonia

(duration) ___ yrs. ___ mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac Nephritis

(duration) ___ yrs. ___ mos. 2 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Phys. Signs

(Signed) C. Urban Smith, M. D.

(Address) 817 Park Ave Oct 4 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem Date of Burial Oct 26 1926

20 UNDERTAKER Wm Fleckenstein Sons ADDRESS North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E, 15250 HEALTH DEPARTMENT—CITY OF BALTIMORE **E, 15250**

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital Registered No.....

City of BALTIMORE: (No. Lombard & Greene St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Marie Valliant

(a) Residence No. Oxford Md. St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J Valliant

7-DATE OF BIRTH (month, day and year) July 22, 1900

8-AGE, 26 yrs. 3 mos. 2 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer.....

10-BIRTHPLACE (city or town) Maryland (State or Country),

PARENTS.

10-NAME OF FATHER, William R. Skipper

11-BIRTHPLACE OF FATHER (city or town) Maryland (State or Country),

12-MAIDEN NAME OF MOTHER, Edith Naylor

13-BIRTHPLACE OF MOTHER (city or town) Maryland (State or Country),

14-INFORMANT (Informant) Robert J. Valliant

(Address) Oxford, Maryland

15-Filed 5 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10-24-26

17- I HEREBY CERTIFY, That I attended deceased from 10-19, 1926, to 10-24, 1926, that I last saw her alive on 10-24, 1926, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Pregnancy —

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Neurotic vomiting 1/2 mo

Acute insufficiency (Duration) yrs. mos 13 ds.

18-Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of 10-20-26 (over)

Was there an autopsy? Yes

What test confirmed diagnosis? Phys. Exam.

(Signed) C T Lodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Mt Carmel Balto Co.	October 27, 1926

20-UNDERTAKER.	ADDRESS
E. LeRoy Stiffler	125 E Monument

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15251

E, 15251

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 W. Cross St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Henry Bunkman

(a) RESIDENCE NO. 1113 W. Cross St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 6 mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia A. Bunkman

6 DATE OF BIRTH (month, day, and year): Jan 30 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: City Employe

9 BIRTHPLACE (city or town):

(State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: Clements Bunkman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Howard

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Howard Co Md

14 Informant: Julia A. Bunkman

(Address): 1113 W. Cross St

Filed Oct 27 1926 C. ELMER JONES, M.D. Registrar

Per M.P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 25 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-20 1926, to 10/25/ 1926, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Asthma

(duration) ...yrs. 1 mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fielder A. Dann, M. D.

19 (Address) 127 W. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Olivet Cem	Oct 27 1926
20 UNDERTAKER	**ADDRESS**
Jos Joerdens Son	217 S. Pac.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15252

CERTIFICATE OF DEATH.

90 E, 15252

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 398 S. Carey St. 18-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine. O. Abbotshman

(a) RESIDENCE NO. 398 S. Carey St St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William. B. Abbotshman

6 DATE OF BIRTH (month, day, and year): Jan 14 1869

7 AGE: Years 57 | Months 9 | Days 9 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER Leuton

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Talbot Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Talbot Co Md

14 Informant (Address) Howard W. Abbotshman 398 S. Carey St

15 Filed Oct 25 1926 C. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1925, to Oct 23, 1926, that I last saw her alive on Oct 23, 1926, and that death occurred, on the date stated above, at 4 0 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage (duration) ... yrs. About 1 hour ds.

CONTRIBUTORY (Secondary) Sclerosis. Myocarditis. About 1 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Henry A. Falk M. D.

Oct 25 1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — Date of Burial: Oct 26 1926

20 UNDERTAKER: Jos Joerdens & Son — ADDRESS: 217 S. Pa

Spec.—12-9-25—A Co.—200 Blks.

E 15253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

99-001

E 15253

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Berry

(a) RESIDENCE NO. Preston & Valley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
76	1850	Febuay	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore M.D

PARENTS

10 NAME OF FATHER William H Berry

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Sarah Chelston

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Sister Superior

(Address) Little Sisters of the Poor

Filed Oct 24, 19 26 W. A. R. JONES, M.D.

Per _____ Registrar

5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 19 26

17

I HEREBY CERTIFY, That I attended deceased from Record

_____, 19____, to _____, 19____,

that I last saw h__ alive on Oct 23, 1926,

and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Acute Pronchitis

(duration) ___ yrs. ___ mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Oct 24/26, 19 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mt Carderal Cem. Oct 27 19 26

20 UNDERTAKER ADDRESS

Robt Weddell 114 Summ St

...-1-12-23—M&T—500 Blks.

15254 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E, 15254

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Parkway & Bishop's Road ST. 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Willson

(a) RESIDENCE NO. University Parkway & Bishop's Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of -------

DATE OF BIRTH (month, day, and year) June 10, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	62	4	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John W. Willson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Crosbiea

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. James R. Richards
(Address) University Parkway

15 Filed 5 1926 G. THAMPSON JONES, M. D., Registrar
Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Oct. 24, 1926, that I last saw her alive on Oct. 24, 1926; and that death occurred, on the date stated above, at 10:15 a m.

The CAUSE OF DEATH* was as follows:

Cancer of cervix & uterus.

about (duration) 2 yrs. — mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto. Md.

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Pelvic exam.

(Signed) R. E. B. Lundie, M. D.

, 19 (Address) 1011 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	10/26 1926

20 UNDERTAKER Henry U. Wears and Son ADDRESS 802 N. Calvert

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15255

66

E, 15255

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2800 Boston St. St. 1-3 Ward)

2-FULL NAME John Kwiazek

(a) RESIDENCE NO. 1019 Bunting St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4-1895

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Buffalo N.Y.

(State or country)

PARENTS

10 NAME OF FATHER Stanislaus Kwiazek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Anna —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Anna Kalyczak

(Address) 1019 Bunting St.

15 C. THAYSON JONES, M. D. Registrar

5 1926

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) H. Bruns M. D.
(Coroner)

Oct 25/26 (Address) 1436 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. Date of Burial Oct 27 1926

20 UNDERTAKER Stephen F. Falkowski ADDRESS Monroe

...—1-12-23—M&T—500 Bks.

E 15256

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15256

CERTIFICATE OF DEATH.

70-3 128

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Hollins St. ST., WARD)

2-FULL NAME J. Stafford Hoffman

(a) RESIDENCE NO. 2130 Hollins St. ST., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct. 14, 1905

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	21		8	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Poole Co., Baltimore, Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John R. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Marg't Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Hoffman
(Address) 2130 Hollins St.

15 Filed 5 1926 19 C. THOMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 26, 19 26 to Oct. 22, 19 26 that I last saw him alive on October 22, 19 26 and that death occurred, on the date stated above, at 3 Am.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ✓ yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Geo. V. Leonhardt, M. D.

10/13/1926 (Address) 24 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery.

DATE OF BURIAL Oct 26 1926

20 UNDERTAKER Margaret D. Flynn
Margaret Flynn

ADDRESS 1422 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15257.

49 E, 15257

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hosp St. ____ Ward)

2-FULL NAME Matthew Opalecky

(a) RESIDENCE NO. 1204 N. Milton Ave St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~1871

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): D50

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country): Bohemia

PARENTS

10 NAME OF FATHER unkwon

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER B. unkwon

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Bohmia

14 Informant Hospital

(Address)

C. THOMPSON JONES, M. D.

5-1926 19 ___ Per ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 9, 1926, to Oct 24, 1926, that I last saw him alive on Oct 24, 1926, and that death occurred, on the date stated above, at 1.30 A.m.

The CAUSE OF DEATH* was as follows: Sarcoma of rt. kidney with general metastases

Unknown (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

___ (duration) ___ yrs. ___ mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of None

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W E Gatchell, M. D.

10/24, 1926 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial Oct 27 1926

20 UNDERTAKER: F. W. Ozazewski — ADDRESS 1930 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15258

CERTIFICATE OF DEATH.

× 90

E. 15258

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 333 S-12th St, 16-7 Ward)

2-FULL NAME Sarah Ann Stevens

(a) RESIDENCE NO. 333 S-12th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W Stevens

6 DATE OF BIRTH (month, day and year) Feb 29 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Joseph Downey

11 BIRTHPLACE OF FATHER (city or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Rachael Crouch

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Sarah A Stevens

(Address) 333 S 12th St

15 Filed ..... 19 C. HAMPSON JONES M. D. Registrar

5 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. Lane Taylor M. D.

(Coroner)

12 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence Rock Hall Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Hall Md Date of Burial 10/27/26

20 UNDERTAKER George R Jolley ADDRESS Fulton & Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15259

CERTIFICATE OF DEATH.

E 15259

Franklin Sq. Hosp.

REGISTERED NO.

1-PLACE OF DEATH Pronounced Dead at 1603 W. Fayette St. 19-1

City of BALTIMORE: (No. 1603 W. Fayette St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Biersching

(a) RESIDENCE NO. 1603 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 24 1881 1877

7 AGE Years 45 Months 6 Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Mfr

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER William E. Biersching

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Rose Smith

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mary Fardon

(Address) 1603 W. Fayette St

15 Filed C. PAWSON JONES, M. D.

OCT 26 1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest, Autopsy or Inquiry.

thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illuminating Gas — (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Suicide — (duration) ..... yrs. ..... mos. ..... ds.

Signed Thos. B. Horton M. D.

Oct 24 1926 (Coroner) (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See Reverse Side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem Date of Burial Oct 26 1926

20 UNDERTAKER Wm Cook ADDRESS 202 E Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15260

CERTIFICATE OF DEATH.

15-4 49

E, 15260

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3500 Forest Park Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Noel S. Fink

(a) RESIDENCE NO. 3500 Forest Park Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 31, 1918.

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	7	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Scholar

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Pottsville,

(State or country) Pa.

PARENTS

10 NAME OF FATHER: Harold I. Fink

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER: Esther Eber

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Pa.

14 Informant: Mr. Harold Fink

(Address) 3500 Forest Pk. Ave

15 Filed 5 1926 19 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 24 1926.

17 I HEREBY CERTIFY, That I attended deceased from 5/20/ 19 26, to 10/24/ 19 26, that I last saw h.. alive on 10-24- 19 26, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Brain

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-20-26

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam.

(Signed) Harry Goldberg M. D.

19 (Address) 2210 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. Date of Burial: 10/26/1926.

20 UNDERTAKER: Harid Londheim ADDRESS: 115-20 W. mt. Royal Ave.

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5261 E, 15261

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 E. Lafayette Ave St. WARD)

2-FULL NAME Rosa Ridgely Tapscott

(a) RESIDENCE NO. 16 E Lafayette ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

If married, ~~widowed~~ or ~~divorced~~
~~HUSBAND of~~,
(or) WIFE of John S. Tapscott

DATE OF BIRTH (month, day, and year) January 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John R Rason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Mary L. Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: John S Tapscott
(Address): 16 E Lafayette

FILED 5 1926 C. HAMPSON JONES, M. D. Registrar
Per CRS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1926; to Oct 24, 1926, that I last saw h... alive on October 23, 1926, and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. C. Lo[illegible] M. D.

10/26/1926 (Address) 8 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Oct 26 1926

20 UNDERTAKER: Henry J Jenkins & Sons Co

ADDRESS: Orchard & McCulloh Sts

...—1-12-23—M&T—500 Bks.

E, 15262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179

E, 15262

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N. Calvert St. 11-3 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Baily Coale Bruce

(a) RESIDENCE No. 1112 N. Calvert St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, or ~~Divorced,~~ (write the word): Widowed

If ~~married, widowed, or divorced~~
~~HUSBAND of~~
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 24, 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	78	6	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: James Casey Coale

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Katherine Baily

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mrs E. S. Bruce
(Address): 1112 N. Calvert St

15 Filed OCT 25 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1915, to Oct. 25 1926, that I last saw her alive on Oct 24 1926, and that death occurred, on the date stated above, at 3 30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (arteriosclerotic)

Duration 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

Oct 25, 1926 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Oct 28 1926

20 UNDERTAKER: Henry W Jenkins & Son Co — ADDRESS: Orchard & Collins St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 15263

REGISTERED NO. E 15263

1-PLACE OF DEATH

City of BALTIMORE: (No. 1027 Peach Alley. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman E. Brown. (C)

(a) RESIDENCE NO. 1027 Peach Alley. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ;----------

6 DATE OF BIRTH (month, day, and year) February 13, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. ~~None.~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Norman H. Brown. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Lillie Boardley. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Norman H. Brown. (C) father

(Address) 1027 Peach Alley.

15 Filed 10 26 1926 C. EMERSON JONES, M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Leonhardt M. D.
(Coroner)

10/25 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Ct. Date of Burial Oct. 26 1926

20 UNDERTAKER J. L. Brown & Son ADDRESS 108 W. Monty St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15264

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 ✓ E, 15264

REGISTERED NO.

City of BALTIMORE: (No. 1108 Russell St. St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Harris.(C)

(a) RESIDENCE NO. 1108 Russell St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Married.

5a If married, widowed, or divorced, (write the word) XXXXXXXXXXXX

(or) WIFE of Sampson Harris.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. ✓d

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Easton, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Sampson Harris.(C)husband.

(Address) 1108 Russell St.

15 Filed 19 C. HAMPSON JONES, M. D.

OCT 26 1926 Per K.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 23, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Fernbach M. D.

(Coroner)

10/25 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md. Date of Burial Oct. 26 1926

20 UNDERTAKER G. L. Brown and Son ADDRESS 1081 Mondy st

Beasso

Evans

ec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15265

CERTIFICATE OF DEATH. 6-1 10

REGISTERED NO. E 15265

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 1732 Ostrans ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant P Evans

(a) RESIDENCE. NO. 1732 Ostrans ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Twins	Blk	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto md.
(State or country)

PARENTS

10 NAME OF FATHER Percy Evans

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) md.

12 MAIDEN NAME OF MOTHER Lorna Jones

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) md

14 Informant Percy Evans
(Address) 1732 Ostrans st

15 Filed OCT 26 1926 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 23 1926, to Oct 23 1926, that I last saw h[illegible] alive on , 1926, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Pyogenic Infection

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

10 4 1926 (Address) 30 S Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	at 26 1926
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15266

CERTIFICATE OF DEATH.

102

E, 15266

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1105 Parrish St. 16-6 Ward)

2-FULL NAME Carrie Brown

(a) RESIDENCE NO. 1105 Parrish St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Samuel Brown

(Address) 1105 Parrish St.

Filed OCT 26 1925 H. HARRISON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pleurisy (Left Side) (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. ds.

(Signed) _____ M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Oct 25/26

20 UNDERTAKER Harold Earley ADDRESS 612 Pine.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15267

CERTIFICATE OF DEATH.

E 15267

REGISTERED NO. 49

1-PLACE OF DEATH St Josepts Hospital 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST.,

2-FULL NAME Florence Scott -

(a) RESIDENCE NO. Union Bridge - ST., WARD Union Bridge Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 19 ds. How long in U. S., if of foreign birth? 68 yrs. 2 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of (none)

6 DATE OF BIRTH (month, day, and year) July-29-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	68	2	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None ppl

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Job. Scott

11 BIRTHPLACE OF FATHER (city or town) Oxford (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary Kirby

13 BIRTHPLACE OF MOTHER (city or town) Talbot Co (State or country) Md.

14 Informant Mr Lee Scott (Brother) (Address) 210 S St Paul St

15 FILED OCT 28 1926 19 C. M. JONES, M. D. Registrar Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 1926 to Oct 24 1926

that I last saw h[illegible] alive on oct 24 1926

and that death occurred, on the date stated above, at 6 25 am m.

The CAUSE OF DEATH* was as follows:

Carcinoma Peritoneum -

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Elevation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at Home -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Clement R. Mower, M. D.

, 19 (Address) St Josepts Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL 10/26/26.

20 UNDERTAKER D. STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor) ADDRESS 108 W. NORTH AVE.

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88 E 15268

15268

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 Myrtle Ave ST 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alberta Salvina Nickens

(a) RESIDENCE NO. 1312 Myrtle Ave ST. 17 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 6 mos. 12 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Robert C. Nickens

DATE OF BIRTH (month, day, and year) July 11, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	3	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 037

(b) General nature of industry, business, or establishment in which employed (or employer): Home wife

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto, Md.

10 NAME OF FATHER Albert Johnson

11 BIRTHPLACE OF FATHER (city or town) Madison, (State or country) Dorchester Co, ~~Eastern Shore~~ Md

12 MAIDEN NAME OF MOTHER Eliza Kane

13 BIRTHPLACE OF MOTHER (city or town) Dorchester (State or country) Co, Md.

14 Informant (Address) Myrtle Nickens 1312 Myrtle Ave

15 Filed 6 1926 19 C. HARRISON JONES, M. D. Registrar per K.A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24/1926

17

I HEREBY CERTIFY, That I attended deceased from 9/11/1926 to 10/24/1926, that I last saw her alive on 10/23/1926, and that death occurred, on the date stated above, at 3.20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myo Carditis, Acute Cardiac dilatation following

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) yrs. 1 mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? physical history

(Signed) M. M. Gibson, M. D.

, 19 (Address) 709 Hearn St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL Oct 27 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Hanover

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15269

CERTIFICATE OF DEATH.

E, 15269

Registered No. 161-001

1-PLACE OF DEATH 802 North Lakewood ave

City of BALTIMORE: (No. 802 North Lakewood ave Ward) 9-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Geo. O'Malley

(a) Residence No. 802 North Lakewood ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. 6 hrs How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Sing

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Oct. 23, 1926

7-AGE. ..... yrs. ..... mos. One ds.

If LESS than 1 day, 6 hrs. or — min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER Martin O'Malley

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Emma Margaret Sherman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14- (Informant) Martin O'Malley

(Address) 802 N. Lakewood Ave

15- Filed Oct 26 1926 CLIFTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 25, 1926.

17- I HEREBY CERTIFY, That I attended deceased from Oct 23 1926, to Oct 25 1926

that I last saw him alive on Oct 24 1926

and that death occurred, on the date stated above, at 12-10 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hemorrhage and Exhaustion

(Signed) C. D. Maclennan, M. D.

(Address) 1570 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. Oct 26, 1926

20-UNDERTAKER. Henry Hooke Co

ADDRESS 1304 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15270

CERTIFICATE OF DEATH.

129 E. 15270

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 100 N. Monroe St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L. Leonhardt

(a) RESIDENCE NO. 100 N. Monroe St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late George Leonhardt

6 DATE OF BIRTH (month, day, and year): Aug 7/62

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country): City

PARENTS

10 NAME OF FATHER: Ludwig Spies

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva —

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country): Germany

14 Informant: Mrs. Kelley

(Address): 100 N. Monroe

15 Filed OCT 26 1926 [illegible] JONES, M. D.

Registrar

For K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/25/26

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 19 25, to Oct 25, 19 26, that I last saw her alive on Oct 25, 19 26, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis - 2 yrs.

Hypertension - 2 yrs

Hemiplegia 2 weeks,

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wilbur Herring M. D.

10/26, 19 26 (Address) 2000 Hollins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk — Date of Burial 10/28 1926

20 UNDERTAKER: Philip Herring — ADDRESS 2016 Orleans St.

Spec.—12-9-25.—A Co.—200 Pks.

E, 15271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E, 15271

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1223 N. Pat. Pk. Ave St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Clemens

(a) RESIDENCE NO 1223 N. Pat. Pk. Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 37 yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of late Frederick Clemens

6 DATE OF BIRTH (month, day, and year) Jan 13/34

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	92	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Lubbe Tjarks

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant J. Henry Clemens

(Address) 1223 N. Pat. Pk. Ave

15 Filed _____ 19____ RK Registrar

C. HARRISON JONES, M. D.

2 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 25, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1926, to Oct. 25, 1926, that I last saw h. alive on Oct. 24, 1926, and that death occurred, on the date stated above, at 11.15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ___ yrs. ___ mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) S. Edward Livingood, M. D.

10/26/1926 (Address) 1613 E. Preston Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Carmel	10/27 1926

20 UNDERTAKER Philip Henrig ADDRESS 2016 Albano St

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15272

CERTIFICATE OF DEATH.

129 E. 15272

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Braulty ave ST. 16-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie S Brown

(a) RESIDENCE NO. 1019 Braulty ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Brown

DATE OF BIRTH (month, day, and year) April 8' 46

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	5	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 037

(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(c) Name of employer at Home

BIRTHPLACE (city or town) (State or country) N C.

10 NAME OF FATHER Nathaniel Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C.

14 Informant Ella B Copeland

(Address) 1019 Braulty ave

15 Filed ..... 19 ..... Per RK Registrar

C. H. [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1926, to Oct 24, 1926, that I last saw h.. alive on Oct 24, 1926 and that death occurred, on the date stated above, at 945 P m

The CAUSE OF DEATH* was as follows:

Interstitial nephritis

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical urin- urinary findings

(Signed) G H Bullock, M. D.

, 19 (Address) 222 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va.

DATE OF BURIAL Oct 27 1926

20 UNDERTAKER Wm Routson

ADDRESS 2258 N Mtb

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15273

CERTIFICATE OF DEATH.

188-003

E, 15273

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. No-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A Redgrove

(a) RESIDENCE NO. ~~1000 Light St.~~ City Hospital St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Sept 7, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Samuel Redgrove

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balt. Co. Md.

12 MAIDEN NAME OF MOTHER Sarah C Fincher

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Ida C Redgrove

(Address) 609 Rustic Town Rd

15 Filed OCT 26 1925 THOS. J. JONES, LL. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an August (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said August (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto Accident

Multiple Fractures

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

(Signed) H C Yates M. D.

(Coroner)

Oct 25, 19 25 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial Oct 26 1925

20 UNDERTAKER H. C. Cook ADDRESS 502 E Nath Ave

c.—1-12-23—M&T—500 Bks.

Dr Conner Lanvale Catonsville

E. 15274

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-00

E. 15274

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 1300 E. Federal ST., 9-b WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Domm

(a) RESIDENCE No. 1300 E Federal ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A Domm

DATE OF BIRTH (month, day, and year) Nov 30, 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65	10	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer Emerlyn & Son

BIRTHPLACE (city or town) (State or country) Galto Md

PARENTS

10 NAME OF FATHER Conrad Domm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mehrwork

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Sarah A Domm

(Address) 1300 E Federal St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 16, 1926, to Oct 24, 1926,

that I last saw him alive on Oct 24, 1926,

and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

R. Lobar Pneumonia 4 days

Dil Status Heart

(duration) yrs mos 11 ds.

CONTRIBUTORY (Secondary) Pulmonale

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1300 Federal

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. O. Carman, M. D.

11-25, 19 (Address) 1707 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Oct 27 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Northern

c.—1-12-23—M&T—500 Bks. Volkmann

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15275

CERTIFICATE OF DEATH.

90

REGISTERED NO. 11275

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3723 Gough ST. 76-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A Volkman

(a) RESIDENCE NO. 3723 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Susan L Volkman

DATE OF BIRTH (month, day, and year) Feb 17 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER August Volkman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E Kempe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Susan L Volkman (Address) 3723 Gough St.

15 Filed 26 1926 C. H. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-25 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Oct-25, 1926, that I last saw him alive on Oct 23, 1926, and that death occurred, on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arc. Pul. Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

10-27-1926 (Address) 2939 W. Eldeny

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Oct 26 1926
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Monument

c.—1-12-23—M&T—500 Blks.

Dr Sullivan, Coroner Eagle

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15276

CERTIFICATE OF DEATH.

E, 15276

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE. (No. 1609 S. Port ST. 8-2 WARD)

2-FULL NAME Martin A Lang

(a) RESIDENCE NO. 1609 S. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Lang

DATE OF BIRTH (month, day, and year) Feb 28. 1861

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	5	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Interior Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer Curley Packing

BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Martha Lang (Address) 1609 S. Port

15 Filed Oct 28 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1926, to Oct 24 1926, that I last saw h[illegible] alive on Oct 24th 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar Alcoholism

Contributory Heart Dropsy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Heart Dropsy

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Oct 27, 1926 (Address) 1507 E. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Oct 27 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Madison

Spec.—12-9-25—A Co.—200 Bks.

E, 15277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

4th E, 15277

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1222 W. North ave 13-5 Ward)

2-FULL NAME Herman Federoff

(a) RESIDENCE NO. 1222 W. North ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -

6 DATE OF BIRTH (month, day, and year) ?

7 AGE — Years: 40 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Musician

(b) General nature of industry, business, or establishment in which employed (or employer): ?

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Hersh Federoff

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Rachael Sintzer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mrs Anna Bintoff

(Address) 103 W. Fayette ave

15 Filed_____, 19____ C. P. ROBERTSON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-25 19 26

17

I HEREBY CERTIFY, That I attended deceased from June 5, 19 26, to Oct 25, 19 26, that I last saw h.a.h. alive on Oct 1-5, 19 26, and that death occurred, on the date stated above, at 11 40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of Aug 1st 1926

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

10/26 1926 (Address) 2220 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial 10-26 1926

20 UNDERTAKER: Jack Levin — ADDRESS 1139 E Balto

Cor.—12-9-25—A Co.—200 Bks.

Annie Rakes

HEALTH DEPARTMENT—CITY OF BALTIMORE

89 E 15278

CERTIFICATE OF DEATH.

E 15278

1-PLACE OF DEATH

City of BALTIMORE: (No. 441 W Conway St. 22-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Rakes

(a) RESIDENCE NO. 441 W Conway St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Rakes

6 DATE OF BIRTH (month, day, and year) Dec 5 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
48	47	10	20	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry 03

(c) Name of employer Idamont

9 BIRTHPLACE (city or town) ____

(State or country) Va

PARENTS

10 NAME OF FATHER Albert Johnson

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Va

12 MAIDEN NAME OF MOTHER Mat Tinder

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Va

14 Informant Mary Jones

(Address) 441 W Conway St

15 Filed OCT 26 1926, 19____ C. WILLIAMSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ____

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) Samuel Strauss M. D. (Coroner)

, 19 26 (Address) 3325 Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interment Date of Burial 10/28 1926

20 UNDERTAKER Mrs Jno H Hooper ADDRESS 406 W Conway St

Spec.—1-10-21—M&T—1500 Bks.

Levi

E, 15279 HEALTH DEPARTMENT—CITY OF BALTIMORE E, 15279

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (NO. 28-1 ST. 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Levi Rosenstock

(a) RESIDENCE NO. Wallis Ave & Carroll Rd. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Rosenstock

6 DATE OF BIRTH (month, day, and year) Oct 25 1849

7 AGE: Years 77 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Abraham Rosenstock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Harry Kolodny

(Address): Wallis Ave

15 Filed . 19 Registrar

CT 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 20 . 1926 . to Oct 25 . 1926.

that I last saw him alive on Oct 25 . 1926,

and that death occurred, on the date stated above, at 3 05 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic gangrene.

Chronic nephritis & uraemia

Diabetes mellitus.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cemetery

DATE OF BURIAL: Oct 28/1926

20 UNDERTAKER: J. Aronson & Co

ADDRESS: 234 Aisquith

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15280

CERTIFICATE OF DEATH.

31 E, 15280

12-4

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 348 East 23½ St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary P. Palmer

(a) RESIDENCE NO. 348 East 23½ St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 45				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Mary Palmer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mary Palmer

(Address) 348 E. 23½ St.

15 Filed ..... 19 .....

OCT 26 1926 PARSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 24, 192 19

17

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1926, to Oct 24, 1926, that I last saw h.. alive on Oct 24, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) General Depression

Hard Work (duration) ! yrs. ? mos. ? ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of No.

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) G. L. Hall, M. D.

, 19 (Address) 426 East 23rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial 10/26/26

20 UNDERTAKER Mrs. P. A. Elliott ADDRESS 1925 Richmond

Spec.—1-10-21—M&T—1500 Blks.

E, 15281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

40 E, 15281

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amos Bryant jr.

(a) RESIDENCE NO. 1631 St Joseph ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 10 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
29	27	3	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevadore

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Clover N.C.

PARENTS

10 NAME OF FATHER Amos Bryant

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Bryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Mrs Sarah Crosse (sister)

(Address) 1631 St Joseph st.

15 Filed Oct 26 1926. 19 Per R.C. Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 19 26

17

I HEREBY CERTIFY, That I attended deceased from Oct 3. 1926. to Oct 24 1926.

that I last saw him alive on Oct 24 1926.

and that death occurred, on the date stated above, at 3 A.M. m.

The CAUSE OF DEATH* was as follows:

Gangrene Penis with Cellulitis of Abdomen. Auth

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Extravasation of urine due to faulty passage urethra (duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death? Due to instrumentation

Did an operation precede death? Yes Date of 10/11/26

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Henry M. D.

10/24 1926 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hera N.C.

DATE OF BURIAL Oct 25 19 26

20 UNDERTAKER Mrs. P.L. Elliott

ADDRESS 1725 Madison

...—12-23—M&T—500 Bks.

E 15282 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15282

CERTIFICATE OF DEATH. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2406 N. Charles ST. 12-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Abigail Riddlemoser

(a) RESIDENCE NO. 2406 N. Charles ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 14 1926

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
—	6	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Robt. L. Riddlemoser

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Mahoney

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md.

14 Informant Robt. L. Riddlemoser
(Address) 2406 N. Charles St.

15 Received OCT 26 1926 C. ELMER JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 19 26

17 I HEREBY CERTIFY, That I attended deceased from 10/10/26, 19..., to 10/25/26, 19..., that I last saw h.. alive on 10/25/26, 19..., and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cold

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical of Bronchio Pneum

(Signed) Walter C Bacon, M. D.

, 19 (Address) 100 E 20th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem — DATE OF BURIAL Oct 26 1926

20 UNDERTAKER Dieterich & Cook — ADDRESS 1003 N. Calvert St

...c.—6-9-19—H. P. Co.—1000 Bks.

E-15283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128

E-15283

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 13 Warner St Westminster 25-4 WARD)

2-FULL NAME George Hall Jr.

(a) RESIDENCE. No. 13 Warner St. West ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE: Years 42 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Hall. Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mallie Tyler

(Address) 15 Warner St

15 Filed Oct 26, 1916 C. HARRISON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1916

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1916, to Oct 24, 1916, that I last saw him alive on Oct 18, 1916, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bright's Disease.

(duration) no yrs. no mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Biopsy.

(Signed) Raymond Kleiman, M. D.

Oct 26, 1916 (Address) Lakeland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL: Oct 28th 1916

20 UNDERTAKER: A. Jones ADDRESS: 111 S. Gilmor st

Spec.—12-9-25—A Co.—200 Bks.

E 15284

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 15284

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No._____ St._____ 4-1 Ward)

2-FULL NAME Gillian Bailey

(a) RESIDENCE NO. 1 Unknown St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mns. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Black.

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 50 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 087

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

Filed 19 RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1926, to Oct 5, 1926, that I last saw h__ alive on Oct 5, 1926, and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Emphysema

Indigestion & Colitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carbon Tetrachloride Poisoning

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M. D.
FILED BY THE CORONER.
UNIVERSITY OF MARYLAND
OCT 26 1926

0769

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15285

E 15285

CERTIFICATE OF DEATH.

45

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital 15-13 Ward)

2-FULL NAME Lillie Carter

(a) RESIDENCE NO. 1360 Woodyear St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): ~~None~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Carter

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

15 Filed ..... 19 ..... Registrar

0761 KRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1926, to Oct. 20, 1926, that I last saw h.r alive on Oct. 20, 1926, and that death occurred, on the date stated above, at 8 20/a m.

The CAUSE OF DEATH* was as follows: Carcinoma of Rectum

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Biopsy

(Signed) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial, Oct 22 1926 19

20 UNDERTAKER ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.

JOSEPHINE ZIOLKOWSKI ✓

c.—1-12-23—M&T—500 Bks.

E, 15286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15286

CERTIFICATE OF DEATH.

58-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Bank ST. 2-1 WARD)

2-FULL NAME Josephine Ziolkowski

(a) RESIDENCE NO. 1926 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 14 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) ~~Bal~~ Poland

PARENTS

10 NAME OF FATHER Anthony Jarzynski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances Sabus'

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Helen Rozanski

(Address) 1926 Bank St

15 Filed 6 1926 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/23 1926

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1926, to Oct 23 1926

that I last saw her alive on Oct 23 1926

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

(duration) yrs. 8 mos — ds.

CONTRIBUTORY (Secondary) asthenia

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Blood test

(Signed) Edward Novak M. D.

, 19 (Address) 1911 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL Oct 27 1926

20 UNDERTAKER John M Weber

ADDRESS 1803 Bank St

Spec.—12-9-25.—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15287

CERTIFICATE OF DEATH.

90 E, 15287

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2132 Druid Hill Av St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robinette Graham

(a) RESIDENCE NO. 2132 Druid Hill Av St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Zacariah Graham

6 DATE OF BIRTH (month, day, and year): Dec 11 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country) Va

PARENTS

10 NAME OF FATHER Henry Terrell

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country) Va

12 MAIDEN NAME OF MOTHER Jennie Johnson

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country) Va

14 Informant Sammie Gibbs

(Address) 1306 N. Monroe St

15 Filed _____ 19____ _____ Registrar

6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 20 1926, to Oct 24, 1926

that I last saw her alive on Oct 23, 1926

and that death occurred, on the date stated above, at 2 27 A m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Congestion

(duration) ____ yrs. ____ mos. 6 ds.

CONTRIBUTORY Ac. Cardiac Dilatation

(Secondary)

(duration) ____ yrs. ____ mos. 15 ds.

18 Where was disease contracted —

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) H S McCauley, M. D.

10/26 1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — Date of Burial 10/26 1926

20 UNDERTAKER: Samuel N. Coe & Son — ADDRESS 1100 McCulloh

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15288

15288

CERTIFICATE OF DEATH.

REGISTERED NO. 90

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 114 Aisquith St.) (Ward) 5-1

2-FULL NAME Herman Baker

(a) RESIDENCE NO. 114 Aisquith St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Baker

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE — Years: 60 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 04 5

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Herman Baker

(Address): Columbia S. C.

15 Filed: [illegible] 1926

C. MASON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) W. J. Kelly (Coroner) M. D.

Oct. 26, 1926 (Address) 1655 Bunder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charleston S. C. Date of Burial: Oct 26. 26

20 UNDERTAKER: Sol Lunson & Bro ADDRESS 1127 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

E, 15289

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E, 15289

CERTIFICATE OF DEATH.

27-1

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 6210 Walnut Ave, Cedarcroft ~~Ward~~ Baltimore)

2-FULL NAME Katherine Horst

(a) RESIDENCE NO. 6210 Walnut Ave., Cedarcroft ~~Ward~~ Baltimore

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Horst

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Michael Sommers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant John H. Horst (Son)

(Address) 6210 Walnut Ave

15 Filed ..... 19 .....

Registrar

~~6~~ 1926 Pct

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct-21st, 1926, to Oct-26th, 1926, that I last saw h.e alive on Oct 25th, 1926, and that death occurred, on the date stated above, at 7. a. m.

The CAUSE OF DEATH* was as follows:

Senile Incompetency

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Fenn Ackerman Fleming, M. D.

Oct 26, 1926 (Address) 1900 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Oct. 29, 1926

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: 1710 Fleet St.

Cor.—1-12-23—M&T—100 Bks.

E 15290 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15290

CERTIFICATE OF DEATH.

167-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2793 Alemeda Ave ST. 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucille Caspare

(a) RESIDENCE NO. 2793 Alemeda Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Caspare

DATE OF BIRTH (month, day, and year) March 23/1884

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	42	6 7	2	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) MBalto., Md.

10 NAME OF FATHER Charles Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Jane Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md

Informant Jane Wright
(Address) 2793 Alemeda Ave

Filed 6 1926 .192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

Suicide

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. S. Caton, M. D.
(Coroner)

10-26-26. 192 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct. 28 1926

20 UNDERTAKER Henry Lander & Sons. Inc. — ADDRESS 1710 East St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15291 E, 15291

CERTIFICATE OF DEATH. 11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 E 31 St ST., 9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George. O. Barnes.

(a) RESIDENCE NO. 2015 E 31 St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary. V. Barnes.

DATE OF BIRTH (month, day, and year) Sept. 16 - 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or.....min.
	54	1	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer.

(b) General nature of Industry, business, or establishment in which employed (or employer) Sec to union

(c) Name of employer O.P. & C.I.A. Local 155

BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER George. O Barnes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash D.C.

12 MAIDEN NAME OF MOTHER Johanna. Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y. N.Y.

14 Informant (Address) C. O. Barnes (Son) 637 N Bentalou St.

15 Filed 1926 C. THAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1926, to Oct 24, 1926, that I last saw h[illegible] alive on Oct 24, 1926, and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Chas. F. Simms, M. D.

Oct 25, 1926 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1926

20 UNDERTAKER Chenoweth & Son

ADDRESS 3617 Chestnut Ave

Spec.—12-9-25—A Co.—200 Pds.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

,15292 — E, 15292 — 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 620½ N. Carrollton Ave. Ward 7)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harrison Brooks

(a) RESIDENCE NO. 620 N. Carrollton Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unk

6 DATE OF BIRTH (month, day, and year): 1848

7 AGE	Years	Months	Days	IF DESS than 1 day.....hrs. or.....min.
	78	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Carlow

(State or country): There Md

PARENTS

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town): unk

(State or country)

14 Informant: Mrs. Emma Heal

(Address): 620 N. Carrollton

15 Filed: 1926 C. HARRISON JONES, M. D.

Per RKN Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 25 1926.

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1926, to Oct 25, 1926, that I last saw h... alive on Oct 25, 1926, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis Rheumatic Endocarditis

Arteriosclerosis (duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Isaac E. Allen, M. D.

Oct 27 1926 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Asbury Cem.	10/27 1926
20 UNDERTAKER	ADDRESS
Byron F. Wright	1218 McElderry St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15293

E 15293

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. Leonard & Front St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo. H. Hogan

(a) RESIDENCE NO 1918 E Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Hogan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Fisk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant John J. Hogan

(Address) 1918 E. Chase St

15 Filed 19 Registrar

2 7 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Eclampsia

(duration) yrs. mos. ds.

(Signed) G. L. Blades M. D.

(Coroner)

Oct 24, 26 (Address) 143 W. 23 Ray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Oct 27 1926

20 UNDERTAKER Clark & Sheuer ADDRESS 147 W. 23rd

Cor.-12-5-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15294

CERTIFICATE OF DEATH.

183 ✓ E 15294

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1428 Linden St., 14-1 Ward)

2-FULL NAME Henry S. Fink

(a) RESIDENCE NO. 1428 Linden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. -- mos. ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6n If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Muller

6 DATE OF BIRTH (month, day, and year): Dec. 4, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: President

(b) General nature of industry, business, or establishment in which employed (or employer): Fink & Easter Co.

(c) Name of employer: Umbrella Mfgr.

9 BIRTHPLACE (city or town): Westminster

(State or country): Maryland

PARENTS

10 NAME OF FATHER: William J. Fink

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret Nelson

13 BIRTHPLACE OF MOTHER (city or town): Frederick Co.

(State or country): Maryland

14 Informant: Mrs. Margaret N. Fink

(Address): 1428 Linden Avenue

15 Filed ..... 19 .... C. [illegible] Jones M. D.

7 1520 By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound of head (Suicide)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. O. Jadwin, M. D.

(Coroner)

Oct 26/26 (Address) 1437 N Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Frederick Co.

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cathedral Cemetery	10/27 19 26

20 UNDERTAKER: Henry U. Mears & Son ADDRESS 805 N. Calvert

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15295

CERTIFICATE OF DEATH.

E-15295

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH (West of Colvin Road for City)

CITY OF BALTIMORE: (No. 406 Poplar Ave. ST., 27-14 WARD)

2-FULL NAME Mary Perik

(a) RESIDENCE NO. 406 Poplar Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 19-1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40		10	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bohemia Europe

10 NAME OF FATHER Frank Perik

11 BIRTHPLACE OF FATHER (city or town) Bohemia (State or country) Europe

12 MAIDEN NAME OF MOTHER Barb. Bridar

13 BIRTHPLACE OF MOTHER (city or town) Bohemia (State or country) Europe

Informant Frank J. Yoder (Address) 2016 E. Eager St.

Filed . 19 Registrar

OCT 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1926 to Oct 25 1926

that I last saw her alive on Oct 25 1926

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

1 Gastric Carcinoma

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Ryan M. D.

Oct 27 1926 (Address) 1007 N. Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Hill Cemetery	Oct. 27 1926
20 UNDERTAKER	ADDRESS
Zirkler & Zirkler	1739 E. Eager St.

Spec.—8-24-14—M. & T.—2000 Bks.

Woolschleger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15296
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

1-4 154-002

E 15296
REGISTERED NO. C

CITY OF BALTIMORE: (No. 6348 Linwood St.; 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Zeltes Woolschleger

(Residence in Baltimore: No. 6348 Linwood St.; ...yrs., ...mos. ...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) Single

6-DATE OF BIRTH, 10 (Month) — 26 (Day), 1926 (Year)

7-AGE. 7 mo. 7 days

If LESS than 1 day, ...hrs. or 13 min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ——
(b) General nature of industry, business, or establishment in which employed (or employer) ——

9-BIRTHPLACE. (State or Country), Md.

PARENTS.

10-NAME OF FATHER. William Woolschleger

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Anetta Berg

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. [illegible]

(Address) 1117 S. Haven

15-
Filed OCT 27 1926, 191... [illegible] Registrar.

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 (Month) — 26 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-26 1926, to 10-26 1926

that I saw h[illegible] alive on 10-26 1926

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows: Im. Teeth — Tracheo-Bronchial Pneumonia

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(Duration) ...yrs. 1 mos. ...ds.

(Signed) [illegible] M. D.

10-27-26 (Address) 2001 Druid Park Dr.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. 1 ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death? undetermined

Former or usual residence ——

19-PLACE OF BURIAL, OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL. Oct. 27, 1926

20-UNDERTAKER Zinkler & Zinkler ADDRESS 1739 E. Eager St.

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15297
1-PLACE OF DEATH

89 E, 15297
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1122 Woodyer. ST. 16-6 WARD)

2-FULL NAME Maggie Branch,

(a) RESIDENCE NO. 1122 Woodyer. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Wid.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... none. (Ad)

(b) General nature of industry, business, or establishment in which employed (or employer) ... none.

(c) Name of employer ... none.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Rebecca Williams,
(Address) 1122 Woodyer St.

15 Filed OCT 27 1926 .19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20 .19 26 . to Oct 26 .19 26.
that I last saw her alive on Oct. 26 .19 26,
and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Angina—Pectoris.

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) none.
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam.

(Signed) J. Chas Forton, M. D.

10/27 1926 (Address) 888 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Oct 28 1926

20 UNDERTAKER S. L. Brown & Son ADDRESS 1011 N. Mary

...ec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15298

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

Morrell Park 12 & E. 15298

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...ITY OF BALTIMORE: (No 1002 Union Ave ST., 25-3 WARD)

2-FULL NAME John G Lieber

(a) RESIDENCE (Usual place of abode) No 1002 Union Ave Morrell Park ST., ... WARD.

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1890

7 AGE: Years 36; Months 4; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Parker

(b) General nature of industry, business, or establishment in which employed (or employer) Cochran & Hill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John G Lieber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Katz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Kunegunda Lieber

(Address) 1002 Union Ave Morrell Park

15 Filed ... 19 ... Registrar

...1925 C. HARRISON JONES, M. D.

Per ... R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1926, to Oct 26, 1926, that I last saw him alive on Oct 25, 1926, and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

Nephritis, Endocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert C Ketch, M. D.

(Address) 2151 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 28 1926

20 UNDERTAKER: Mr. Mrs N S Fink — ADDRESS: 2512 Wilkins Ave

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15299

CERTIFICATE OF DEATH.

E, 15299

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 St Paul ST. 12-6 WARD)

2-FULL NAME William Bowles.

(a) RESIDENCE NO. 1619 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 22, 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	45	8	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Canada

10 NAME OF FATHER Florius J Bowles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Florence Elmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) La

14 Informant Florence E Bowles

(Address) 1619 St Paul St

Filed OCT 27 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 22nd, 1926, to Oct 25, 1926, that I last saw him alive on Oct 25th, 1926, and that death occurred, on the date stated above, at 8 10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C St. Gabriel, M. D.

, 19 (Address) 2413 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Oct 27 1926
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15300

CERTIFICATE OF DEATH.

161-821

E 15300

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Madison Ave St. 11-1 WARD)

2-FULL NAME Baby Boy Lockett

(a) RESIDENCE NO. 1531 Madison Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) October 26 1926

AGE	Years	Months	Days	If LESS than 1 day 1/2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Richard Lockett

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Hilda Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Richard Lockett father 1531 Madison Ave

15 Filed OCT 27 1926 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1926 to Oct 26, 1926

that I last saw him alive on Oct 26, 1926,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Prematurity (30 weeks gestation)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Morris Reese M. D.

10/26 1926 (Address) 12 York Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct. 28 1926

20 UNDERTAKER: H. Thos Cook

ADDRESS: 552 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

E 15301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001.

E 15301

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S. Broadway ST.) (2-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander R. Globe

(a) RESIDENCE NO. 244 S. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): Divorced

6 If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ May Globe

DATE OF BIRTH (month, day, and year) Oct 15 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66 yrs	—	11 days	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Photographer

(b) General nature of industry, business, or establishment in which employed (or employer): Self — 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Denmark / Holland

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Holland

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Denmark + Holland

14 Informant: Herbert Globe

(Address) 244 S. Broadway

Filed OCT 27 1926 Per RL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 / 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1926, to Oct 26, 1926

that I last saw him alive on Oct 25, 1926

and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) R. L. Caslin M. D.

, 19 (Address) 1514 E Balto St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: Baltimore S. C. Parks

DATE OF BURIAL: Oct 28 1926

20 UNDERTAKER: W M Cook

ADDRESS: 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15302

CERTIFICATE OF DEATH.

REGISTERED NO. E 15302

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of ~~St.~~ Md. WARD) 24-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie K. Oursler

(a) RESIDENCE NO. Washington Ave, Westminster Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., If of foreign birth? Native yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

6 If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of William Oursler.

DATE OF BIRTH (month, day, and year) May 24, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	55	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Westminster, Md.
(State or country)

PARENTS

10 NAME OF FATHER Lewis H. Sykes

11 BIRTHPLACE OF FATHER (city or town) Westminster
(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Roop.

13 BIRTHPLACE OF MOTHER (city or town) Westminster
(State or country) Md.

14 Informant Marie Oursler (Daughter)
(Address) Washington Ave. Westminster

15 Filed Oct 29 1926 C. A. JACKSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1926, to Oct. 26, 1926; that I last saw her alive on Oct. 26, 1926; and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Generalized peritoneal carcinomatosis, primary site not made out.

(duration) About 5 mos ds.

CONTRIBUTORY (Secondary) Coronary embolism.

(duration) 45 minutes

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of 10/18/26.

Was there an autopsy? No. What test confirmed diagnosis? Physical examination Exploratory laparotomy.

(Signed) Wm. H. Wilson, M. D.

, 19 (Address) Woman's Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

DATE OF BURIAL Oct 29 1926

20 UNDERTAKER H M Routson

ADDRESS 239 W Greene

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 15303 REGISTERED NO.

E 15303
1-PLACE OF DEATH

City of BALTIMORE: (No. 214 N. Mount St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Thompson

(a) RESIDENCE NO. 214 N. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: B

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas

6 DATE OF BIRTH (month, day, and year): Aug 25, 1895

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: John Thompson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Chestertown, Md.

12 MAIDEN NAME OF MOTHER: Rebecca Wales

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Maggie Gould

(Address): 214 N. Mount St

15 Filed 10 27 1926 Per KK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/24/26

17 I HEREBY CERTIFY, That I attended deceased from 4/10/26, to 10/24/26,

that I last saw h.. alive on 10/23/26,

and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Cerebral Hemorrhage

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy? No

What test confirmed diagnosis! Clinical symptoms

(Signed) Samuel Terry, M. D.

10/27/26 (Address) 9 E. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Oct. 27, 1926

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 322 N. Schroeder St

Spec.—12-0-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15304 — PLACE OF DEATH: So Balt Gen Hosp. — X 49 ✓ — E 15304 REGISTERED NO.

City of BALTIMORE: (No. 1213 Light St. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos A. Potter

(a) RESIDENCE NO. Annapolis Road, English Consul Estate St. Ward Baltimore County

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Ella May Potter

6 DATE OF BIRTH (month, day, and year): 19 September 1872

7 AGE — Years: 54 — Months: 1 — Days: 6 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): Building
(c) Name of employer: Self

9 BIRTHPLACE (city or town):
(State or country): Somerset County Md

PARENTS

10 NAME OF FATHER: Thos Potter

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah E Parks

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Maryland

14 Informant: Mrs Ella May Potter
(Address): Lansdowne R.F.D. Md

15 Filed ..... 19 ..... [illegible] JONES M. D., Registrar

27 1926

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 25th October 1926

17 I HEREBY CERTIFY, That I attended deceased from 5th Oct 1926, to 25th Oct, 1926

that I last saw him alive on 25th Oct, 1926

and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

Shock during Operation for Carcinoma of Prostate Gland Bladder — (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore County

Did an operation precede death? Yes Date of 25 Oct 1926

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) Worrell Woodruff, M. D.

25th 1926 (Address) Linthicum Heights Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Oct 28 1926

20 UNDERTAKER: George L Smith — ADDRESS 153 C Fallsway

Dft 0212

Cor.—12-9-25—A Co.—200 Bks.

Gaertner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15305

CERTIFICATE OF DEATH.

1855

E 15305

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Memorial Hospital St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Gaertner

(a) RESIDENCE NO. 3305 Alameda St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: George Gaertner

6 DATE OF BIRTH (month, day, and year): Dec 1 - 1880

7 AGE: Years 46. Months 10 Days 26 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: C. Herrman

11 BIRTHPLACE OF FATHER (city or town): Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Hamor

13 BIRTHPLACE OF MOTHER (city or town): Balto Md

(State or country)

14 Informant: Geo Gaertner

(Address) 3305 Alameda Blvd.

C. HARRISON BURNS, JR.

15 Filed OCT 27 1926 Per K.F. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/23 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) I find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull due to falling down stairs of Mr. Hoopie (accidental

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

10/25, 192 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn - Oct 27/26 Date of Burial 19

20 UNDERTAKER: [illegible] Herrdon, 156 N Fulton ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15306

CERTIFICATE OF DEATH.

31

E, 15306

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2016 Division St. 141 Ward)

2-FULL NAME Elizabeth B. Foote

(a) RESIDENCE NO. 2016 Division St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lloyd Foote

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 037

(b) General nature of industry, business, or establishmeat in which employed (or employer): Home Keeping

(c) Name of employer

9 BIRTHPLACE (city or town) Columbus. (State or country) Ohio.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant: Eliza Lane (Address) 827 Fillmore Ave Atlanta Ga

15 Filed OCT 27 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 - 1926

17 I HEREBY CERTIFY, That I attended deceased from July 26, 1926, to Oct 23, 1926, that I last saw h alive on Oct 23, 1926, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) none known

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) Chas J Keller, M. D.

10/27, 1926 (Address) 722 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial 10-27 1926

20 UNDERTAKER: Samuel Knisley ADDRESS 708 Bellevue

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15307

E, 15307

CERTIFICATE OF DEATH.

REGISTERED NO. 89

1-PLACE OF DEATH

City of BALTIMORE: (No. 3524 Greenmount Ave St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William F. Schultze

(a) RESIDENCE NO. 3524 Greenmount Ave St., 4 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Schultze

6 DATE OF BIRTH (month, day, and year): June 2. 1843

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	83	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER J. F. Schultze

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmine Kramer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant Anna M. Abercrombie

(Address) 3524 Greenmount Ave

FILED OCT 27 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1926, to Oct 26, 1926, that I last saw h. alive on Oct 26, 1926 and that death occurred, on the date stated above, at 10. A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Abercrombie M. D.

(Address) 3524 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation Loudon Park. Date of Burial Oct 28 1926

20 UNDERTAKER: Wm. H. Keeler's Son. ADDRESS 501 N. Fayette St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15308

CERTIFICATE OF DEATH.

151 E, 15308

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Balto City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Sterling

(a) RESIDENCE NO. 1639 E Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: None

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Anna Brown (daughter)

(Address) 1639 E. Monument St

15 Filed OCT 27 1926 19 C. [illegible] JONES, M. D. Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct. 23,

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1926 to Oct 23, 1926

that I last saw h.. alive on Oct. 23, 1926

and that death occurred, on the date stated above, at 8:38 P m.

The CAUSE OF DEATH* was as follows:

Generalized Osteomyelitis, Staph. Pyogenes, Left Foot and Leg. (Not Diabetic)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. Sudden ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Oct 11, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oxford Md Date of Burial Oct 28 1926

20 UNDERTAKER: Robert E. Mellvain ADDRESS 15-15 McElderry St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15309

1925 E 15309

243

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

2-FULL NAME John Krajewski.

(a) RESIDENCE NO. 1206 Towson St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ds. How long in U. S., if of foreign birth? 20 yrs. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Frank Kilokofski.

(Address) 1206 Towson St.

15 Filed 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 23, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Occidental fall down cellar stairs while intoxicated.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

10/25 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

1206 Towson St. October 28, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Date of Burial oct 28 1926

20 UNDERTAKER George A. Weber ADDRESS 2205 Bank st.

OCT 27 1926

Per

Spec.—12-9-25—A Co.—200 Bks.

Hosfeld.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15310

CERTIFICATE OF DEATH.

74-001

E 15310

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ____ St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Hosefeld

(a) RESIDENCE NO. 1303 E. Preston St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John Hosefeld

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant City Hospital Records

(Address)

15 Filed ____ 19 ____ C. Addison Jones M. D. Registrar

OCT 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 26 1926

17

I HEREBY CERTIFY, That I attended deceased from June 22 1926, to October 26, 1926, that I last saw him alive on October 26, 1926, and that death occurred, on the date stated above, at 12 35 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Hypertension

(duration) ? yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & Laboratory

(Signed) E. Hooper Lunt, M. D.

Oct. 26 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial Oct 28 1926

20 UNDERTAKER: Henry Hock Son ADDRESS 1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15311 E, 15311

CERTIFICATE OF DEATH.

31

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland Penitentiary 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joshua Brothers

(a) Residence No. 2069 Woodbury Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ~~6 mos. 10~~ ds. How long in U. S., if of foreign birth? ~ yrs. ~ mos. ~ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Brothers

7-DATE OF BIRTH (month, day and year) April 17, 1884

8-AGE. 42 yrs. 6 mos. 10 ds. If LESS than 1 day, ...hrs. or....min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Alabamay

(c) Name of employer Reese Carroll Co.

10-BIRTHPLACE (city or town) (State or Country), Md

PARENTS.

10-NAME OF FATHER, Nelson Brothers

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Carroll Co.

12-MAIDEN NAME OF MOTHER, Emma Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Carroll Co Md

14- (Informant) Md. Penitentiary

(Address) 954 Howard St

15- Filed OCT 27 1926 19.. C. HARRISON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct. 27, 1926

17- I HEREBY CERTIFY, That I attended deceased from July 7, 1926 to Oct. 27, 1926

that I last saw him alive on Oct 27, 1926

and that death occurred, on the date stated above, at 12.05 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ✓ yrs. ~ mos. ~ ds.

CONTRIBUTORY (Secondary) ~ (Duration) ~ yrs. ~ mos. ~ ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? ~

(Signed) Albert L. Anderson M. D.

10/27, 1926 (Address) Md. Penitentiary

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Zion Bulb Co DATE OF BURIAL. Oct 29, 1926

20-UNDERTAKER. Chenowith & Son ADDRESS 341 Chestnut Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15312

E 15312

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 23 N Hanover St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugene A Lowe (Lowe)

(a) RESIDENCE NO. 23 N Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kath. Lowe

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE — Years: 38 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): B & O R R.

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Thos. Lowe

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Johanna Kearney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland.

14 Informant: Kath. Lowe

(Address): 25 N. Hanover St

15 Filed 1926 C. HERBERT JONES, M. D. Registrar

per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. ds.

(Signed) G. C. Gladden M. D.

(Coroner)

Oct 25 1926 (Address) 1436 B'way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cem. Cathedral

Date of Burial: 10/28 1926

20 UNDERTAKER: J. A. Moran

ADDRESS 3000 E. Balto St

pec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15313

CERTIFICATE OF DEATH.

49

E, 15313

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2455 Castle St. 21 (Ward)

2-FULL NAME Michael Kelly

(a) RESIDENCE NO. 245 S Castle St., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

If married, widowed, or divorced HUSBAND of (or) WIFE of Cath. Kelly

DATE OF BIRTH (month, day, and year) Sept 1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Peter Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Grace Flaherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire.

14 Informant Miss Kelly

(Address) 2455 Castle St.

15 Filed 10-27-1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/24 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/15, 1926, to 10/24, 1926, that I last saw h.. alive on 10/23, 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate Gland

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Pyelography

(Signed) ... M. D.

..., 1926 (Address) 3320 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	10/28/1926
20 UNDERTAKER J. A. Moran	ADDRESS 3000 E. Baltimore

Cor.—12-2-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15314

15314

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.)

2-FULL NAME Norman J. Hilton

(a) RESIDENCE NO. Hilkers Ave & Walker Ave St. Ward Balto. Co - Md

(Usual place of abode) Catonsville

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1910

7 AGE: Years 16 Months 01 Days 9 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Thos. O. Hilton

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Rachael Ewald

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs Rachael Hilton

(Address) Catonsville, Md

15 Filed Oct 28 1926 (CHARLES JONES, M. D.) Registrar

7 1926 By RCH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by Inquest, Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage

(duration) 20 hours

CONTRIBUTORY (Secondary) Suicide - Shot self through heart with pistol

(duration) yrs. mos. ds.

Signed) Thos. B. Norton M. D.

Oct 25th 1926 (Coroner)

(Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: Oct 28 1926

20 UNDERTAKER: Easton Sons. Ellicott City

ADDRESS

—1-12-23—M&T—500 Bks.

15315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E, 15315

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Club Road R.F.D. ST., 16 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marian M. Johnson

(a) RESIDENCE NO. 205 Club Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 6th 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	80			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Joseph Sammuer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Martha Sutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Mrs L. D. Coriell

(Address) 205 Club Road Roland Park

1926 19 CLAYSON JONES, M. D. Registrar

Per C.A.W.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1925 to Oct 23 1926

that I last saw h.. alive on Oct 23 1926,

and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis Angina Pectoris

(duration) yrs. 12 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Carey B Lyndecker, M. D.

, 19 (Address) 2600 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Oct 28 1926
20 UNDERTAKER	ADDRESS
Henry H Jenkins Sons Co	Roland & Melrose Ave

Spec.—1-10-21—M&T—1500 Bks.

15316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15316

129

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMCRE: (No. 1811 W. Pratt St. ST. 19-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ann Kuhl,

(a) RESIDENCE No. 1811 W. Pratt St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Godfrey Fred Kuhl

DATE OF BIRTH (month, day, and year) July 10, 1835

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	91	3	15	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) York Pa.
(State or country)

PARENTS

10 NAME OF FATHER Charles Schilling

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Johnson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mary A. Zentgraf
(Address) 1811 W. Pratt St.

15 Filed 10 27 1926 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Oct 24, 1926 that I last saw h-e alive on Oct 24, 1926, and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) [illegible] M. D.

10/26, 1926 (Address) 52[illegible] Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Oct, 28 1926

20 UNDERTAKER Harry H. Weitzel

ADDRESS 52[illegible] Fulton Ave

Spec.—1-10-21—M&T—1500 Bks.

E, 15317 HEALTH DEPARTMENT—CITY OF BALTIMORE E, 15317

CERTIFICATE OF DEATH.

+151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. William R. Saeger

(a) RESIDENCE NO. Warenock, Va ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 18.1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	9	

8 OCCUPATION OF DECEASED md

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md (State or country)

PARENTS

10 NAME OF FATHER Wm. Saeger

11 BIRTHPLACE OF FATHER (city or town) Pennsa (State or country)

12 MAIDEN NAME OF MOTHER Mary Louise Rodefeld

13 BIRTHPLACE OF MOTHER (city or town) Pennsa (State or country)

14 Informant Chester Myers (Address) York Pennsa

15 Filed 7 1926 C. THOMPSON JONES, M. D. Registrar Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27 1926

17 (10/13/26) I HEREBY CERTIFY, That I attended deceased from 10/18/26 to 10/27 1926.

that I last saw him alive on 10/27 1926.

and that death occurred, on the date stated above, at 730 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic gangrene

Bilateral.

(duration) several yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Warenock Va

Did an operation precede death? yes Date of 17-25

Was there an autopsy? no Amputation of leg

What test confirmed diagnosis?

(Signed) Joseph A. Sparks M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hamburg Penna DATE OF BURIAL Oct 29 1926

20 UNDERTAKER Lew O Caudell ADDRESS 120 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

E. 15318 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E. 15318

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 680 Penn Alley ST. WARD)

2-FULL NAME Trella. Otall

(a) RESIDENCE NO. 680 Pen. Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sep 6, 1886 (1886)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	40	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frank. W Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary V. Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Horace S. Hall

(Address): 1102 Harlem Ave

15 Filed Oct 28, 1926 Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1926, to Oct 25, 1926, that I last saw her alive on Oct 24, 1926, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W F Howell M. D.

, 19 (Address) 149 N Arrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 10/28 19

20 UNDERTAKER: Mrs. R.A. Elliott

ADDRESS: 1725 Arlington

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E-15319

~~E-15319~~ REGISTERED NO. _____

CERTIFICATE OF DEATH

City of BALTIMORE: (No. City Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward D Jones

(a) RESIDENCE NO. 733 N 5th Spring St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colord	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Edward Johns

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER allice dyson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant allice Johns

(Address) 725 N. spring st

15 Filed _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Alcoholism

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Alcoholism

(Duration) yrs. mos. ds.

(Signed) G. C. Wades M. D.

(Coroner)

Oct 29/26 (Address) 143 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL, national cemetery Date of Burial oct 29 1926

20 UNDERTAKER Edward Bryan ADDRESS 631 orleans st

T26 1926

Cor.—1-12-23—M&T—100 Bks.

E. 15320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1003

188 E. 15320

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital ST., 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara T. Herr

(a) RESIDENCE NO. 4 Reuckert Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of: none

DATE OF BIRTH (month, day, and year): Sept 26/1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	0	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Consolidated Gas Co.
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto., Md.

10 NAME OF FATHER: Francis Herr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Dorothy Marx

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant (Address): Jos. J. Herr, C. Fayette & Luzerne

Filed 8 1926 Per C. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull (extra dural hemorrh
(Struck by automobile at Reuckert
& Harford Aves.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. H. Collins, M. D.
(Coroner.)

10/27/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — DATE OF BURIAL: Oct 29 1926

20 UNDERTAKER: Jos. J. Herr — ADDRESS: 156 N. Luzerne

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15321

CERTIFICATE OF DEATH.

+ 90 E-15321

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Church Home & Infirmary St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Stewart Deekens

(a) RESIDENCE NO. Cumberland, Md St._____ Ward_____ Cumberland Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary S. Deekens

6 DATE OF BIRTH (month, day, and year): About - 1854

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	About 72	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer): Real Estate

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Melburn

(State or country): Alaska

PARENTS

10 NAME OF FATHER: Francis A. Deekens

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): England

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town): —

(State or country): England

14 Informant: Francis S. Deekens Jr.

(Address): 21 Prospect St. Cumberland

15 Filed_____ 19____ _____ Registrar

B 1926 C. [illegible] JONES, M. D.

Dep

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

October 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from August 22 1926, to October 27, 1926, that I last saw him alive on October 27, 1926, and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocardial Failure

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon K. Norwood, M. D.

Oct 27 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland - Md. Date of Burial: Oct 28 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

15322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E, 15322

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Faul

(a) RESIDENCE NO. 71 Newington Ave ST., ... WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? 67 yrs. 7 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7 DATE OF BIRTH (month, day, and year) March 20-1859

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	6	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

10 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Paul

11 BIRTHPLACE OF FATHER (city or town) ..
(State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Paul

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Mrs Anna I. Hilpert (Sister)
(Address) Altemont Hotel, City.

15 Filed OCT 28 1926 19 C. M. GIDEON JONES, M. D. Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1926, to Oct. 26, 1926, that I last saw her alive on Oct. 26, 1926, and that death occurred, on the date stated above, at 11.50 P m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Glioma-malignant (duration) ..... yrs. 7 mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Pressure (duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? at home 5/1/26

Did an operation precede death? Yes Date of 5/24/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Operative & Autopsy

(Signed) Geo. D. Kilpatrick, M. D.

, 19 (Address) Bon Secour Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct. 29th 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOBDEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

E15323 · HEALTH DEPARTMENT—CITY OF BALTIMORE E15323 ·

32

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1710 Warwick Avenue St. 15-9 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irine Rashinsky

(a) RESIDENCE NO. 1710 Warwick Avenue St. " Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Morris Rashinsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rosie Kleff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

10 - 28 - 26

17

I HEREBY CERTIFY, That I attended deceased from June, 1926, to Oct. 28, 1926, that I last saw h.. alive on Oct 27, 1926, and that death occurred, on the date stated above, at 12.30A.m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab.

(Signed) Isidore L. Levy, M. D.

Oct. 1926 (Address) 2036 Eutaw place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodef Sholom

Date of Burial 10-28, 1926

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5324

CERTIFICATE OF DEATH.

49 E 15324

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 149 N. Exeter St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isreal Pritzker

(a) RESIDENCE NO. 149 N. Exeter St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Pritzker

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER David Pritzker

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rose -----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Anna Pritzker

(Address) 149 N. Exeter St.

15 Filed ..... 19 .....

OCT 28 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

10 - 27 - 26

17

I HEREBY CERTIFY, That I attended deceased from 6/10, 1926, to 10/27, 1926, that I last saw h— alive on 10/27, 1926 and that death occurred, on the date stated above, at 9 P. .....m.

The CAUSE OF DEATH* was as follows:

Thyroid Carcinoma

(duration) — yrs. 5 mos. — ds.

CONTRIBUTORY (Secondary) (over)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Intubation Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Dr. Bloodgood's Laboratory

(Signed) David Pritzker, M. D.

10/26 19 26 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Rosedale	10/27 19 26

20 UNDERTAKER Jack Levin ADDRESS 1439 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15325

CERTIFICATE OF DEATH.

E. 15325

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 351 St Helena Ave ST., 10-9 WARD) 16

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fallo

(a) RESIDENCE No. 351 St Helena Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 27 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Alexander Fallo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Lena Bonicontro

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant Alexander Fallo

(Address) 307 St Helena Ave.

15 OCT 28 1926 19 C. THOMPSON JONES, Registrar Per GAL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 26, 1926, to Oct 27, 1926, that I last saw him alive on Oct 27, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. W. Klein, M. D.

19 (Address) Dundalk, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	Oct 29, 26
20 UNDERTAKER John Ulrich	ADDRESS [illegible]

Spec.—12-9-25—A Co.—200 Bks.

E 15326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 15326

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 8-1 REGISTERED NO.

City of BALTIMORE: (No. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Gaynes

(a) RESIDENCE NO. 211 N. Carlington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER George Gaynes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Addie — ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore — Md

14 Informant City Hospital Records

(Address)

OCT 28 1926

Filed 19 H L Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 24 1926

17

I HEREBY CERTIFY, That I attended deceased from October 23, 1926, to October 24, 1926,

that I last saw him alive on October 24, 1926,

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Coronitis

Myocardial Insufficiency

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Lintt, M. D.

October 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Date of Burial Oct 28 1926

20 UNDERTAKER Wm H Cook Co ADDRESS 1400 Mad

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15327

CERTIFICATE OF DEATH.

REGISTERED NO. C 4129

E-15327

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Manhattan Ave St. 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen A. Duke

(Residence in Baltimore: No. 504 Manhattan Ave. St.; 31 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 15, 1854
(Month) (Day) (Year)

7-AGE, 72 yrs. 3 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Ireland.

PARENTS.

10-NAME OF FATHER, John Murtaugh

11-BIRTHPLACE OF FATHER (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER Gannon

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lucian Duke husband

(Address) 504 Manhattan Ave

15- OCT 28 1926 THOMAS JONES, M.

Oct. 26, 191.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 26, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 1st 1926, to Oct 26 1926, that I saw her alive on Oct 26 1926, and that death occurred, on the date stated above, at 3:40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) yrs. 6 mos. 26 ds.

CONTRIBUTORY (Secondary) Acute dilatation of L. Heart

(Duration) yrs. mos. 1 ds.

(Signed) C. C. Harris M. D.

Oct 26, 1926 (Address) Manhattan Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery

DATE OF BURIAL, Oct. 29, 1926

20-UNDERTAKER Martin Fahey & Sons

ADDRESS W. North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15328

CERTIFICATE OF DEATH.

129

E. 15328

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Singer Ave ST. 13-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Myers

(a) RESIDENCE NO. 727 Singer Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ William D. Myers

DATE OF BIRTH (month, day, and year) Jan 27-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md

10 NAME OF FATHER: John T. Lilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co. Md

12 MAIDEN NAME OF MOTHER: Eliza Keith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Bigbee

(Address) 722 Singer Ave

15 Filed OCT 28 1926 C. EASTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Oct 26, 1926,

that I last saw her alive on Oct 26, 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [illegible], M. D.

Oct 27, 1926 (Address) 3429 Eastland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: Oct 29 1926

20 UNDERTAKER: A D Marshall — ADDRESS: 2539 Fall Road

Cor.—1-12-23—M&T—100 Bks.

15329

E, 15329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 16-3 WARD)

2-FULL NAME Gertrude O'Connor

(a) RESIDENCE NO. 3910 Phila. Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXXXX

DATE OF BIRTH (month, day, and year) Feb 14/26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	12	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER James O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Dolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

Informant James O'Connor
(Address) Bridge Cove.

Filed 10 28 1926 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ulcerative Colitis-Peritonitis
(Autopsy at Hopkins)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) R. L. Cole, M. D.
(Coroner.)

10/28-26, 192 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Patricks Cemt	10/29 192 6
20 UNDERTAKER J. A. Moran	ADDRESS 3000 E Balto.

Spec.—8-24-14—M. & T.—2000 Bks.

Warford M Reamer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15330

CERTIFICATE OF DEATH.

E 15330

REGISTERED NO. C 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 Front Ave Hamilton 27-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warford M. Reamer

(Residence in Baltimore: No. 24 Front St Hamilton Ave 30 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, June 18, 1863
(Month) (Day) (Year)

7-AGE, 63 yrs. 4 mos. 9 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Wm. Reamer

11-BIRTHPLACE OF FATHER (State or Country), Va.

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Charlotte J. Reamer

(Address) 24 Front Ave. Hamilton

15- OCT 28 1926

C. THOMPSON JONES, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 10 27, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9-1 1926, to 10-27 1926, that I saw h[illegible] alive on 10-26 1926, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Nephritis, Hypertension

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Tonsilitis

(Duration) yrs. mos. ds.

(Signed) H. Ruffin Burnett M. D.

10-28, 1926 (Address) 60 W Mt Royal Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Loudon Park Cemy DATE OF BURIAL, Oct 29, 1926

20-UNDERTAKER John C. Mitchell ADDRESS 1201 W. Fayette St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15331

CERTIFICATE OF DEATH.

90 E-15331

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Main St. East Brooklyn Heights. St. 25-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Schaum.

(a) RESIDENCE NO. Main St. East Brooklyn Heights. St. 24 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 45 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Widow.

5a If married, widowed, or divorced, (or) WIFE of Jacob Schaum.

6 DATE OF BIRTH (month, day, and year) May 20, 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Peter Kauser.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Jacob Schaum.(son)

(Address) Main St. East Brooklyn Heights.

15 Filed Oct 28 1926 [illegible] Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 26, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signed) Otto M Reinhardt M. D.

(Coroner)

10/28 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Cross Cemetery	Oct 29 1926
20 UNDERTAKER Eddy-Zeiler	ADDRESS 4033 Wash Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E-15332 1-PLACE OF DEATH

REGISTERED NO. E-15332

City of BALTIMORE: (No. 426 S. Patterson Pk Ave St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Matilda Taylor

(a) RESIDENCE NO. 426 S. Patterson Pk Ave St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Harry E. Taylor.

6 DATE OF BIRTH (month, day, and year): Sept. 29th 1857

7 AGE: Years 69; Months; Days 27; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Wm E. Wiley

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Louisa Zeil

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Harry E. Taylor (Son)

(Address): Phila Pa.

15 Filed ..... 19 .....

OCT 28 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct 27th

17 I HEREBY CERTIFY, That I attended deceased from Oct 19 1926, to Oct 27, 1926,

that I last saw h.. alive on " 27, 19.....,

and that death occurred, on the date stated above, at 2.35 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) Coma

(duration) .....yrs. .....mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chas. D. Reese, M. D.

Oct 28, 1926 (Address) 408 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — Date of Burial: Oct. 30th 1926

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 403 S. Wolfe St

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15333

CERTIFICATE OF DEATH.

44

E 15333

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 250 S. Elinton St. No-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Holtgrefe

(a) RESIDENCE NO. 250 S. Elinton St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna L Holtgrefe

6 DATE OF BIRTH (month, day, and year) Sept 10th 1878

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
48	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman at Dec

(b) General nature of industry, business, or establishment in which employed (or employer) Decorating Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Holtgrefe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Hubel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Edna L. Holtgrefe

(Address) 250 S. Elinton St.

15 Filed ..... 19 ..... Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct 25th

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1926, to Oct 25, 1926, that I last saw him alive on Oct 24, 1926, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer 3 mos.

" Carcinoma 2 "

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? X Ray Fluroscopic Test

(Signed) J. M. Driscoll M. D.

(Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Oct. 29 1926

20 UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe

OCT 28 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15334

CERTIFICATE OF DEATH.

44 E 15334

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 146 N. Bruce St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malon. Murphy.

(a) RESIDENCE NO. 1416 N. Bruce St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored.	married.

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary murphy.

6 DATE OF BIRTH (month, day, and year) Oct. 1884.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 40

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) _____

(State or country) Bedford Co Va.

PARENTS

10 NAME OF FATHER Jim Murphy.

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown, 10/26, 19 26

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) —

14 Informant Allen Murphy, Bro.

(Address) 1936 Madison Ave.

15 Filed _____, 19____ Registrar

1926 Per R.F.T.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26- 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1926, to October 23, 1926, that I last saw him alive on October 23, 1926 and that death occurred, on the date stated above, at 1 P— m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) One yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? Yes Date of Sept. 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemtery. Date of Burial 10/29 1926

20 UNDERTAKER Mrs Jas. H. Dennis. or T. G. Kelson

ADDRESS 1303 Presstman St

Spec.—1-10-21—M&T—1500 Bks.

E 15335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15335

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 20-3 WARD)

REGISTERED NO. 44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Barbara Kreusinger.

(a) RESIDENCE NO. 2123 Fine St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Kreusinger

DATE OF BIRTH (month, day, and year) Nov 2 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	13	

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Conrad Yeakel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Dan Major Friend 2123 Fine St

15 Filed 8 1926 C. THOMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1926, to Oct 25, 1926, that I last saw her alive on Oct 25, 1926, and that death occurred, on the date stated above, at 905 P. m.

The CAUSE OF DEATH* was as follows: Cardiac Insufficiency.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/25/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. Theron Hunter M. D.

10/25/1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL 10/29/26

20 UNDERTAKER Engel & Farley ADDRESS Fulton Fayette

Spec.—6-9-19—H. P. Co.—1000 Bks.

E, 15336

HEALTH DEPARTMENT—CITY OF BALTIMORE

58-001

E, 15336

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Webster ST. 14-1 WARD)

2-FULL NAME Margaret Mary Offutt

(a) RESIDENCE. NO. 1321 Webster ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced — WIFE of Albert Paul Offutt

6 DATE OF BIRTH (month, day, and year) Aug. 12-1868

7 AGE — Years: 58 — Months: 2 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Londonderry, Ireland.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Albert Paul Offutt, (Address) 1321 Webster St.

Filed 8 1926 G. HAMPSON JONES, M. D., Registrar

Per KRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from 11. 1. 25, 19..., to 10. 27, 19 26

that I last saw her alive on 10. 27. 19 26

and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Pernicious anemia

I dont know. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? dont know

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis microscopical on Blood

(Signed) J. Edward Louis M. D.

10.28. 1926 (Address) 107 East west St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Oct. 29 1926

20 UNDERTAKER: Elmer W. Conklin, ADDRESS 924 E. Eager St.

esc.—6-9-19—H. P. Co.—1000 Bks.

E-15337

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15337

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 Decatur ST. 24-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Bertha B. Foss

(a) RESIDENCE. NO. 1441 Decatur ST.. WARD.

(If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Charles E. Foss

6b DATE OF BIRTH (month, day, and year): July 8 1887

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER — Nelson Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER — Anna Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Charles E Foss 1441 Decatur St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1926, to Oct 28 1926,

that I last saw h. alive on Oct 28 1926,

and that death occurred, on the date stated above, at 1500 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cachexia + Pleurisy

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Mitchell, M. D.

10/28 1926 (Address) 1299 Hillcrest

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: Oct 30, 1926

20 UNDERTAKER: A. Howard Evans — ADDRESS: 386 E. Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

E 15338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

E 15338

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 Asquith St. 5-7 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Anderson

(a) RESIDENCE NO. 207 Asquith St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE — Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Unknown

14 Informant: Mary Frisby Handy

(Address) 207 Asquith

Oct 28 1926 C. E. ANDERSON JONES, M. D.

Per RPM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-26-1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1926, to Oct 26, 1926, that I last saw her alive on Oct 25, 1926, and that death occurred, on the date stated above, at 1/4 m.

The CAUSE OF DEATH* was as follows: Hypostatic Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Fracture of (left) femur

(duration) yrs. 2 mos. ds.

18 Where was disease contracted? Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) George Gilliam, M. D.

Oct 28, 1926 (Address) 502 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial Oct 29 1926

20 UNDERTAKER: Smack Hemsley ADDRESS: 5 Eddie

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15339

CERTIFICATE OF DEATH.

90 E. 15339

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 Eierman ave ST. 8-3 WARD)

2-FULL NAME George. Kinnier

(a) RESIDENCE No. 202 E Hoffman. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Kinnier

6 DATE OF BIRTH (month, day, and year) Aug 9, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0&0

(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Kinnier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Virginia Washburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant John Lee (Address) 8 Eiermans ave

15 Filed 9 1926 19 C. RAMPSEY JONES, M. D. Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 . 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 25 . 1926 . to Oct 26 . 1926 . that I last saw him alive on Oct. 25 . 1926. and that death occurred, on the date stated above, at 1.05 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Douglas, M. D.

, 19 (Address) 817 Park ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 10/28/26

20 UNDERTAKER Joseph Abrens — ADDRESS 221 Bway

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15340

90 E. 15340

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 2300 Bryant ave ST. 13-5 WARD)

2-FULL NAME Sarah Noll

(a) RESIDENCE NO. 2300 Bryant ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marcus Noll

DATE OF BIRTH (month, day, and year) unknown.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Morris Leventhal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther, U.K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Marcus Noll

(Address) 2300 Bryant ave

Filed 10 28 1926 19 T. WILSON JONES, M. D.

Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/22 —, 1926, to Oct. 27, 1926, that I last saw h[illegible] alive on Oct. 27th, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart.

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs.

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? Phys. & Rem.

(Signed) Harry Goldberg M. D.

10/27 1926 (Address) 2210 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	10/29 1926
20 UNDERTAKER	ADDRESS 1127
Sol Simson & Bro	E Balto st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-004

E 15341

CERTIFICATE OF DEATH.

E 15341 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 34 os Gwynn Oak Ave St., 24 Ward)

2-FULL NAME Donald Kemp.

(a) RESIDENCE NO. 3400 Gwynn Oak St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 2nd 1903

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer John C. Smith's Sons

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Charles F. Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Chandler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs. Frank Smith

(Address) 4300 Maine Ave

15 Filed 19 C. CARLTON JONES, M. D. Registrar

Dec 9 1926 Per RJC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above. The CAUSE OF DEATH was as follows:* Accident, Automobile Collision

(Duration) Hours

CONTRIBUTORY (Secondary) Exhaustion (duration) 1 hrs. mos. ds.

(Signed) E. C. Yates M. D. (Coroner)

Oct 28 1926 Address 614 Holland Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial Dec 3 1926

20 UNDERTAKER J. F. Lankford Son ADDRESS Balto Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15342

REGISTERED NO. E 15342

1-PLACE OF DEATH

City of BALTIMORE: (No. 1819 Penna Ave St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rayner Smith

(a) RESIDENCE NO. 1819 Penna Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 23 1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lancaster Co.

(State or country) Va.

PARENTS

10 NAME OF FATHER Phillip Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Virgie Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Virginia Williams

(Address) 1819 Penna Ave

17 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Oct 28, 1926, that I last saw h.... alive on Oct 28, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Infection of Bladder (Tubercular?)

(duration) ..... yrs. 6? mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William ....., M. D.

Oct 28, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Stone Lancaster Co Va. Date of Burial Oct 28 1926

20 UNDERTAKER Daniel Easton ADDRESS 9 Penna Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15343

CERTIFICATE OF DEATH.

E. 15343

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1612 Ashburton St. 15-9 Ward)

2-FULL NAME Philiph Kaplan

(a) RESIDENCE NO. 1612 Ashburton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Kaplan

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Benj Kaplan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Rebecca Kaplan

(Address) 1612 Ashburton St

Filed OCT 29 1926 19

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

10 — 28 — 26

I HEREBY CERTIFY, That I attended deceased from July 20 19 26 to Oct 28 19 26, that I last saw h. in alive on Oct 24 1926, and that death occurred, on the date stated above, at 9:00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Clement B Freeman M. D.

, 19 (Address) 412 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest Date of Burial 10/29 19 26

20 UNDERTAKER Jack Levis ADDRESS 1039 E Balt St

Wolfe 0216 Dr R Grant 120 Aisquith St

E-15344

E-15344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 Aisquith ST. 51 WARD)

2-FULL NAME William J Mitchison

(a) RESIDENCE NO. 7 Aisquith ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha R Mitchison

6 DATE OF BIRTH (month, day, and year) Feb 18. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	73	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber 14 05

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

10 NAME OF FATHER James Mitchison

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Catherine Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Bertha R Mitchison

(Address) 7 Aisquith St

15 Filed OCT 29 1926 C. HAMPSON JONES, Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1926, to Oct. 27, 1926, that I last saw him alive on Oct. 27, 1926, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J. Green, M. D.

(Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Cemetery Harford Rd

DATE OF BURIAL 10/30 1926

20 UNDERTAKER Freeman Cook

ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

E-15345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15345

CERTIFICATE OF DEATH

78

1-PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. 9-3 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie McCullough

(a) RESIDENCE NO. 917 Homestead ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 12-10-1888

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	10	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo. McCullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Canoles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Balto City Hospitals
(Address) Balto Md

15 Filed OCT 29 1926 C. HAMPSON JONES, M. D. Registrar
Per Hurd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-28 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-15, 1926, to 10-28, 1926

that I last saw her alive on 10-28, 1926

and that death occurred, on the date stated above, at 12.05 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure & Exhaustion

(duration) 2 yrs. 7 mos 5 ds.

CONTRIBUTORY (Secondary) Epileptic Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Clinical History

What test confirmed diagnosis?

(Signed) Henry S. Crowell, M. D.

, 19 (Address) 1218 Linden Ave Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem'y	10/30 1926
20 UNDERTAKER Wm Cook	ADDRESS 502 E North Ave

...c.—6-9-19—H. P. Co.—1000 Bks.

E 1 15346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 1 15346

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bradford. 114

CITY OF BALTIMORE: (No. 204 N Bartlett ST. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Stepney

(a) RESIDENCE. No. 204 N Bartlett

(Usual place of abode) WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Stepney

DATE OF BIRTH (month, day, and year) 1873

AGE: 53. Years Months Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cobbler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Robert Stepney

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) William J Stepney 204 N Bartlett St

Filed OCT 27 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1926, to Oct 26, 1926, that I last saw him alive on Oct 26, 1926, and that death occurred, on the date stated above, at 5-30 m.

The CAUSE OF DEATH* was as follows:

Chronic Fibrolitis

(duration) 0 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Fibrosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Boyce M. D.

, 19 (Address) 156 N Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley Cem. DATE OF BURIAL: Oct 29

20 UNDERTAKER: Mattingly ADDRESS 3166 Fenda

Spec.—1-10-21—M&T—150 Blks.

E-15347 HEALTH DEPARTMENT—CITY OF BALTIMORE E-15347

CERTIFICATE OF DEATH. 38

1-PLACE OF DEATH Nursery ~~Child's Hosp~~ REGISTERED NO. .....

CITY OF BALTIMORE: (No. Franklin and Schroeder ST.) 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Woolridge

(a) RESIDENCE NO. Franklin and Schroeder ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 18, 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		10 dys.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... ~~girl~~

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Richmond, Va.
(State or country)

PARENTS

10 NAME OF FATHER Family and past history ~~Previous to~~

11 BIRTHPLACE OF FATHER (city or town) ~~Previous to~~
(State or country) Adirondack mountains

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Mary E. Horsfall
(Address) Nursery & Child's Hospital

15 Filed OCT 29 1926 Registrar
For H. Hill.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1926, to Oct. 28, 1926.

that I last saw him alive on Oct. 27, 1926.

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Congenital lues with cerebral degeneration

(duration) 2 yrs. mos 10 ds.

CONTRIBUTORY (Secondary) ~~Pneumonia~~ Lobar pneumonia

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Frederick Bidart, M. D.

, 19 (Address) 920 N Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Oct 29, 1926
20 UNDERTAKER George J. Smith	ADDRESS 1532 Hollins St

Spec.—1-10-27—M&T—1500 Bks.

E 15348

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15348

CERTIFICATE OF DEATH.

151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 N. Mount ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Catherine Moore

(a) RESIDENCE NO. 1153 N. Mount ST., WARD ....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Moore

6 DATE OF BIRTH (month, day, and year) March - 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer): Private Homes

(c) Name of employer — Different families Baltimore Co

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Arch Wye

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Millie (unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown unknown

14 Informant (Address): Robert Moore 1153 N. Mount St.

15 Filed OCT 29 1926

C. EMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 23rd, 1926 to Oct. 26, 1926.

that I last saw her alive on Oct 26 1926

and that death occurred, on the date stated above, at 4.00 P.M.

The CAUSE OF DEATH* was as follows: Gangrene (Foot) 2 mos

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Septic Absorption

(duration) yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Jas Edwin Bell M.D.

, 19 (Address) 713 Green St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Lawn

DATE OF BURIAL: 10-29-26

20 UNDERTAKER: Samuel Hensley

ADDRESS 728 N Bdle

Sta— 12-23-21 E B B S—400 Pds

E-15349 HEALTH DEPARTMENT—CITY OF BALTIMORE E-15349

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 2552 McCulloh St. 14-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Virginia Lorraine Lawson

(a) Residence No. 2552 McCulloh St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, Female Colored

5-~~Single~~, Married, Widowed, ~~or Divorced~~, (Write the word.) Widowed

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Vincent S. Lawson

7-DATE OF BIRTH (month, day and year) 1861

8-AGE. 65 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House-Wife

(b) General nature of industry, business, or establishment in which employed (or employer). None

(c) Name of employer.

10-BIRTHPLACE (city or town) Gloucester Co. (State or Country), Virginia

PARENTS.

10-NAME OF FATHER. Braxton Diaz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Mexico

12-MAIDEN NAME OF MOTHER, Eliza Hackney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14-(Informant) Julia D. Calloway

(Address) 2016 Madison Ave.

15- OCT 29 1926

16-PHYSICIAN. THOMPSON JONES, M.D.

Residence

Res.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10-25-26

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1926 to Oct. 25, 1926 that I last saw h~~e~~r alive on Oct. 25, 1926 and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstial Nephritis

(Diagnosis confirmed by previous physicians)

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Marcellus Williams M. D.

Oct. 25, 1926 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Lawn DATE OF BURIAL Oct-29, 1926

UNDERTAKER. H. Clay Kennedy & Henry McBride ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15350

CERTIFICATE OF DEATH.

179 E. 15350

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1360 Tawson ST. 24-3 WARD)

2-FULL NAME Charles W. Thomas.

(a) RESIDENCE NO. 1360 Tawson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth. Thomas.

6 DATE OF BIRTH (month, day, and year): May. 21, 1847

7 AGE — Years: 79. Months: 5 Days: 6 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith. ?

(b) General nature of industry, business, or establishment in which employed (or employer): Iron work

(c) Name of employer: Tidewater Iron Works

9 BIRTHPLACE (city or town) (State or country): Portsmouth. Va.

PARENTS

10 NAME OF FATHER: Jas. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portsmouth Va

12 MAIDEN NAME OF MOTHER: Mary Dean.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mrs Kate Decker
(Address): 1434 Tawson St

15 Filed ..... 19.. Registrar: C. THOMPSON JONES, M. D.

29 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1926, to Oct 27, 1926.

that I last saw h.. alive on Oct 26, 1926

and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

Uraemia

..... (duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

..... (duration) ... yrs. ... mos. 12 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? None Clinic

(Signed) Thomas F. Q. Stevens M. D.

10/27/1926 (Address) 2878 Halford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel

DATE OF BURIAL: Oct 30 1926

20 UNDERTAKER: Thos. F. Stevens

ADDRESS: 1501 E Fort Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15351

CERTIFICATE OF DEATH.

90 E 15351

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 428 S. Patterson Park Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emelie H. Guth

(a) RESIDENCE NO. 428 S. Patterson Park Ave. WARD 1st

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year) Apr 30 1873

7 AGE: Years 53 Months 5 Days 28 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED: none

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Emil Guth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma Schoor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Charles G. Guth (Address) Patterson Park & Fleet

15 Filed OCT 29 1926 19 Per C. THAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1926

17 I HEREBY CERTIFY, That I attended deceased from about Jan 1, 1912, to Oct 27, 1926

that I last saw her alive on Oct 26, 1926,

and that death occurred, on the date stated above, at 9. a.m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency - cardiac hypertrophy + dilatation.

(duration) 12 + yrs. mos. ds.

CONTRIBUTORY (Secondary) Syncope

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? not ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) [illegible] M. D.

(Address) 1014 S. Ellwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Oct 30 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15352

CERTIFICATE OF DEATH.

126

E 15352

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Ridgely ST. 21-3 WARD)

2-FULL NAME Francis J. Leonard.

(a) RESIDENCE NO. 1118 Ridgely ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 6 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 ~~NAME OF FATHER~~ William Leonard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ellen Sheridan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs Mary Scholen

(Address) 1118 Ridgely St

15 Filed 2-9 1926 C. CARSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 27 1926

17 I HEREBY CERTIFY, That I attended deceased from oct 14, 1926, to oct-, 1926.

that I last saw h alive on oct 22, 1926,

and that death occurred, on the date stated above, at 11 18 A m.

The CAUSE OF DEATH* was as follows: Cardio Renal Disease

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) [illegible], M. D.

Oct 27, 1926 (Address) Lakewood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 10-30 1926

20 UNDERTAKER Erb Harle — ADDRESS 115 E. West St

Cor.—12-9-25—A Co.—200 Bks.

E 15353

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15353

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie S. Gillen

(a) RESIDENCE NO. 116 Smithwood Ave St. Catonsville Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Emma Moffett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant William E. Moffett

(Address) 602 Forrest St.

OCT 29 1926

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lungs

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) John H. Mason M. D.

(Coroner)

10/29, 1926 (Address) 3402 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: 10/29 1926

20 UNDERTAKER: Henry H. Mears & Son — ADDRESS: 805 N Calvert

C. Emerson Jones, M. D.

Filed ..... By .....

ec.—1-12-23—M&T—500 Blks.

E 15354 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15354

CERTIFICATE OF DEATH.

122-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 Light ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Schafer.

(a) RESIDENCE NO. 1542 Light ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. Schafer

DATE OF BIRTH (month, day, and year) 2-27-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	63	8	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurant Keeper.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER George Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Minn. Starkman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. L. Schafer. 1542 Light St.

15 Filed OCT 29 1926 C. ALLISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1926, to Oct 27, 1926, that I last saw him alive on Oct 26, 1926 and that death occurred, on the date stated above, at 6 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Cirrosis of liver

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

19 [illegible] 1926 (Address) 3907 Fairview Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 10/30 1926

20 UNDERTAKER: H. S. Frew & McCully — ADDRESS: 130 E Fort

Spec.–1-10-21–M&T–1500 Bks.

E-1 15355 HEALTH DEPARTMENT—CITY OF BALTIMORE E-1 15355

CERTIFICATE OF DEATH.

118-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William N. Spicer.

(a) RESIDENCE NO. 726 Bay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 52 yrs. 4 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Spicer

6 DATE OF BIRTH (month, day, and year) 6-7-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cotton Dock Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Cotton mill

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Benjamin B Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary S Quattlebaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Emma L. Spicer (Address) 726 Bay St

15 Filed 2-9 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-28 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-21, 1926, to 10-28, 1926, that I last saw him alive on 10-28, 1926, and that death occurred, on the date stated above, at 9 48 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Post Operative)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-22-26

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Irvine M. Flinn M. D.

10/28, 1926 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem Hyattsville	Oct 30 1926

20 UNDERTAKER J. Walter Davis ADDRESS 3307 Maine Ave

Spec.—1-10-21—M&T—1500 Bks.

E 15356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15356

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Virginia Eberman

(a) RESIDENCE NO. Manhattan Ave., Pimlico Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? Native mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Norman F. Eberman

6 DATE OF BIRTH (month, day, and year): Nov. 14, 1901.

7 AGE — Years: 24 — Months: 11 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Richmond, Va.

PARENTS

10 NAME OF FATHER: Wm Laurence Summers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Virginia E. Brewington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md.

14 Informant: Wm Laurence Summers (Father)

(Address)

15 Filed: OCT 29 1926 C. THOMPSON JONES, Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 28 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1926, to Oct. 28, 1926.

that I last saw her alive on Oct. 28, 1926.

and that death occurred, on the date stated above, at 7:42 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, left upper lobe.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Wm M. Wilson, M. D.

, 19 (Address) Woman's Hospital, Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn-Cem

DATE OF BURIAL: Oct 30 1926

20 UNDERTAKER: Sarah Syfer

ADDRESS: Woodlawn

Spec.—1-10-21—M&T—1500 Bks.

E 15357 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15357

CERTIFICATE OF DEATH.

89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenspring & Rogers Ave ST. 27-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sidney Earnest Walzl

(a) RESIDENCE NO. Greenspring & Rogers Ave. ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? 64 yrs. 7 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucebelle Walzl

6 DATE OF BIRTH (month, day, and year) March 21--18[illegible]

7 AGE — Years: 64 Months: 7 Days: 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Sidney E. Walzl

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Walzl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Augusta Eisenbrandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? ? Germany

14 Informant: Mrs. S.E. Walzl (Wife)
(Address) Greenspring & Rogers Ave.

15 Filed OCT 29 1926 C. THOMPSON JONES, Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27/ 1926.

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1926, to Oct 27, 1926.

that I last saw him alive on Oct. 27, 1926,

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

~~Angina Pectoris etc~~
Coronary Sclerosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris
5 hours
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? March 1/26

(Signed) E. J. Wentz, M. D.

Nov 5, 1926 (Address) Monkton Md R.F.D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct. 29th 19 26

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOOLEN, Successor) — ADDRESS: 108 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

E-15358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3 1 ✓ E-15358

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elsie Haase

(a) RESIDENCE NO. 2836 Harlem Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER E. Vagel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 19 C. [illegible] JONES M. D.

OCT 29 1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

October 27, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 28, 19 26, to Oct. 27, 19 26, that I last saw h. 9r alive on Oct. 27, 19 26, and that death occurred, on the date stated above, at 11.15 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Laryngitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Lattens, M. D.

10-28 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Western Cem -	Oct. 30 19 26
20 UNDERTAKER	**ADDRESS**
Jacob Fialkowski	1128 E. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

E-15359 HEALTH DEPARTMENT—CITY OF BALTIMORE E-15359

CERTIFICATE OF DEATH.

70

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital of Baltimore, Inc. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Glodeck

(a) RESIDENCE NO. 21 S. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov 24 - 1910

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	11	4	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Phillip Glodek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Cecelia Sukazewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md.

14 Informant Cecelia Glodek.

(Address) 1415 Grace Court

Filed OCT 29 1926 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to Oct. 28, 1926, that I last saw him alive on Oct. 28, 1926, and that death occurred, on the date stated above, at 2:10 p. m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 9/11/26

Was there an autopsy? Partial

What test confirmed diagnosis? Autopsy.

(Signed) D Wolfe Lucas M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A & Co. DATE OF BURIAL Oct 30 1926

20 UNDERTAKER George a. Weber ADDRESS 2206 Bank St

Spec.—12-23-21—E.B.P.S.—400 Blks.

E 15360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15360

CERTIFICATE OF DEATH.

+90

1-PLACE OF DEATH

City of BALTIMORE: (No. Md. State Penitentiary Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Arthur Painter

(a) Residence No. Rehoboth, Delaware Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Painter

6-DATE OF BIRTH (month, day and year) March 31, 1884

7-AGE. 42 yrs. 6 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country). Rehoboth, Del

PARENTS

10-NAME OF FATHER. Thomas Painter

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Rehoboth, Del

12-MAIDEN NAME OF MOTHER. Harriet Thompson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Rehoboth Del

14-(Informant) Md. Penitentiary

(Address) 954 Forest Pl

Filed OCT 9 1926 — H. HARRISON JONES, M. D., Registrar.

0766

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 17, 1926

17- I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1926 to Oct. 17, 1926

that I last saw h. alive on Oct. 17, 1926

and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

1 Rheumatic Cardiovascular disease

2 Mitral Stenosis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Albert L. Anderson M. D.

(Address) Md. State Penitentiary 10/17/26

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, 19
20-UNDERTAKER.	ADDRESS.

UNIVERSITY OF MARYLAND
H. HARRISON JONES, M. D.
Commissioner Health.
OCT 5 1926

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15361

CERTIFICATE OF DEATH.

90 E-15361

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Montepelia ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary G. Brown

(a) RESIDENCE NO. 912 Montepelia ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of McLane Brown

DATE OF BIRTH (month, day, and year) Aug 20-1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Wm. D. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sarah Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Rebecca J. Betts.

(Address) 912 Montepelia St.

Filed 9 1926, 19 E. LEE JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/20, 1926, to 10/27, 1926, that I last saw h[er] alive on 10/27, 1926, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) D. Aug. Miller, M. D.

, 19 (Address) 15 W Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Oct. 30 1926
20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E. Eager st.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15362

46 E 15362

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 818 Mangold St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian M Feathers

(a) RESIDENCE NO. 818 Mangold St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 5 mos. 2 ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm E. Feathers

6 DATE OF BIRTH (month, day, and year): May 26, 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER: Wm W. Scott

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER: Margaret Carney

13 BIRTHPLACE OF MOTHER (city or town): D.C. Va

(State or country)

14 Informant: Mr. Wm E. Feathers

(Address) 818 Mangold St

Filed 29 1926 19 C. FRANCIS JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1926, to Oct. 28, 1926, that I last saw he alive on Oct 27, 1926, and that death occurred, on the date stated above, at 12 10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Wiley Hoag, M. D.

Aug 19 26 (Address) 729 Washington Blvd

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem Date of Burial Oct 30 19 26

20 UNDERTAKER: Wm Fleckner Sons ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Bks.

E-15363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-15363

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 E. Biddel ST. 8-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva M Dorbert

(a) RESIDENCE NO. 3101 E Biddel ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): —

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3-1915

7 AGE: Years: 11 Months: Days: 25 If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo Dorbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary C. Scuffet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo Dorbert (Address) 3101 E Biddel

15 Filed ..... 19 ..... Per ..... Registrar

C. HAMILTON JONES, M. D.

29 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 19 26, to Oct 28, 19 26, that I last saw h[er] alive on Oct 28, 19 26, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Abscess

(duration) yrs 1 mos 11 ds.

CONTRIBUTORY (Secondary) Suffocating Otis Medical

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No Typical signs

What test confirmed diagnosis?

(Signed) L. L. [illegible] M. D.

19 (Address) 201 N. Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 1-1926

20 UNDERTAKER: Jos J Horstein — ADDRESS: 156 Eutaw

Spec.—1-10-21—M&T—1500 Bks.

E 15364 HEALTH DEPARTMENT—CITY OF BALTIMORE

104 E 15364

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 N Amity St. 16-1 WARD)

2-FULL NAME Samuel Henson

(a) RESIDENCE NO. 243 N. Amity ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Nora Henson

6b DATE OF BIRTH (month, day, and year) July 26 1886

7 AGE: Years 40 Months 2 Days 29

If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teamster

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Isaac Henson

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Lucy Hawkins

13 BIRTHPLACE OF MOTHER (city or town) Harford Co (State or country) Md

14 Informant Mary Bayless

(Address) 243 N Amity

15 Filed OCT 9 1926 BY C. J. [illegible], Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Oct 26, 1926, that I last saw him alive on Oct 25, 1926, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Gross & Microscopic

(Signed) W. T. Gobrille M. D.

19 26 (Address) 109 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL Oct 29 1926

20 UNDERTAKER John H. Toadvine

ADDRESS 1827 Sand Rue

Spec.—12-9-25—A Co.—200 Bks.

E 15365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15365

90

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1416 E Fayette St. 5-1 Ward)

2-FULL NAME Etta Martin Williams

(a) RESIDENCE NO. 1416 E Fayette St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Williams

6 DATE OF BIRTH (month, day, and year): 6 – 10 – 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: John Martin

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Martha Somers

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Edna Nash

(Address): 1302 Saratoga St

Filed OCT 29 1926 Per C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 26 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 19 26, to Oct 26, 19 26, that I last saw h.e alive on Oct 26, 19 26, and that death occurred, on the date stated above, at 10 15 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) ____ yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Cardio Renal

Disease (duration) ____ yrs. 6 mos. ____ ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Emery D. Allen, M. D.

, 1926 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Laurel Cem.	Oct. 29, 26
20 UNDERTAKER	**ADDRESS**
Thos J. G. Locke	1302 Jeffers

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15366

CERTIFICATE OF DEATH.

188-003

E 15366

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Conrad Vogel.

(a) RESIDENCE NO. 405 N Bethel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6th 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Expressman

(b) General nature of industry, business, or establishment in which employed (or employer) Hauling for self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Balzi Vogel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Topfer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. C. Dr. Cross

(Address) 6 N Bethel St

C. HAMPSON JONES, M. D.

Registered 2 9 1926, 19 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto Accident

Multiple Fractures

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — Date of Burial 10/29/1926

20 UNDERTAKER E. J. Fanning Inc - 1936 Lafayette — ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15367

CERTIFICATE OF DEATH.

100-001

E. 15367

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2357 Frederick Ave. St. 20th Ward)

2-FULL NAME Jennie E. Temply

(a) RESIDENCE NO. 2357 Frederick Ave. St. 20th Ward

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew J. Temply

6 DATE OF BIRTH (month, day, and year): Jan 16th 1842

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Sol Foster

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary Smith

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md

14 Informant: J. F. Temply

(Address) 2659 Wilkins Ave

15 Filed: OCT 29 1926 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 28th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 22 1926, to Oct 28, 1926, that I last saw h[illegible] alive on Oct 28, 19..., and that death occurred, on the date stated above, at 5:30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia 6 ds.

(duration) ...yrs. ...mos. ...ds.

CONTRIBITORY .....

(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Hilda Hemming, M. D.

1926 (Address) 1201 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — Date of Burial Nov 1st, 1926

20 UNDERTAKER: J. B. Kufhuet — ADDRESS: 1015 W. Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15368

CERTIFICATE OF DEATH.

74-08 E-15368

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2530 Boyd St., 20th Ward)

2-FULL NAME Rosine Ashenbach

(a) RESIDENCE NO. 2530 Boyd St. 20th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single, Married,~~ Widowed, or ~~Divorced,~~ (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: John Ashenbach

6 DATE OF BIRTH (month, day, and year): Jan 8th 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Germany

PARENTS

10 NAME OF FATHER: Adam Johabel

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Margareta Donner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Anna Dietze

(Address) 2530 Boyd St

Filed OCT 29 1926 Registrar: THOMPSON JONES, M. D.

Deputy: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 28th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1926, to Oct 28, 1926,

that I last saw h.r alive on Oct 28, 1926,

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows: Cerebral apoplexy

(duration) ....yrs. ....mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reynolds Dill M. D.

10/29 1926 (Address) 1509 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

Date of Burial: Oct 30th 1926

20 UNDERTAKER: H. B. Kluppert

ADDRESS: 1850 W Baltimore St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15369

CERTIFICATE OF DEATH.

46

E-15369

1-PLACE OF DEATH

City of BALTIMORE: (No. 2007 Pennsylvania ave St. 20-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Elizabeth McKaig

(a) Residence No. 2007 Pennsylvania ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) W

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse R McKaig

6-DATE OF BIRTH (month, day and year) Feb 26 1842

7-AGE. 84 yrs. 8 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Retired 37

(b) General nature of industry, business, or establishment in which employed (or employer)..... Housework

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Balto Md.

PARENTS.

10-NAME OF FATHER, Richard McClure

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Pa.

12-MAIDEN NAME OF MOTHER, Bassin

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Va.

14- (Informant) Mrs Harry Hoff

(Address) 2007 Pennsylvania Ave

15- Filed 1926 C. HAMPSON JONES, M. Registrar.

OCT 29 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 27, 26

17- I HEREBY CERTIFY, That I attended deceased from Aug 1 1926 to Oct 27 1926

that I last saw her alive on Oct. 27 1926

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Met. to lungs & liver

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P E Dead

(Signed) Harry E. Dodd M. D.

10/28. 1926 (Address) 735 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL. Oct 30 1926

20-UNDERTAKER, W M Rowlson

ADDRESS 2258 W Baltimore

Spec.—1-10-21—M&T—1500 Bks.

15370

HEALTH DEPARTMENT—CITY OF BALTIMORE E. 15370

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 N. Calvert ST. 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Mehr.

(a) RESIDENCE NO. 2603 N. Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

6a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Herman Mehr

6 DATE OF BIRTH (month, day, and year) Nov 30, 1841

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or mins.
84	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John H Kabenagel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie C Gellman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Frederick Mehr 2607 N Calvert St

15 1926

C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 31. 1926. to Oct. 28. 1926.

that I last saw h~~e~~r alive on Oct 28. 1926.

and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of right Hip 6

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Owen)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical Examination and Microscopic Exam

(Signed) Wm. Brumm M. D.

19 (Address) 2429 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: London Park

DATE OF BURIAL: NOV 1 1926

20 UNDERTAKER: Geo W Little

ADDRESS: 2708 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Bks.

15371

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15371

CERTIFICATE OF DEATH.

43 162

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. WARD)

2-FULL NAME Baby (boy) Weiman

(a) RESIDENCE NO. 1811 Lucianna ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months — Days — If LESS than 1 day, 6 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Charles Weiman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Margaret Orth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address)

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-28 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-28, 1926, to 10-28, 1926,

that I last saw h[illegible] alive on ....., 19 ....,

and that death occurred, on the date stated above, at 12.10 a. m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) ....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? Date of ....

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinically & Pathologically

(Signed) Harry Weiss, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

9 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

Commissioner Health.

0767

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15372

CERTIFICATE OF DEATH.

171 E 15372

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 S-Register St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Hohd.

(a) RESIDENCE NO. 406 S- Register St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 17, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
58	57	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Mill

(c) Name of employer Heise & Burns.

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John Hohe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant (Miss) Julia Butzner (Neice)

(Address) 406 S. Regester St.

15 Filed 9 1926 C. THOMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide Cut Throat Razor Shock

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Oct 27 1926 Geo. C. Radcliffe M. D.

(Signed) (Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthew's Cemetery Date of Burial Oct. 30 1926

20 UNDERTAKER Henry Sander & Sons, Inc. ADDRESS 1710 Fleet St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15373

CERTIFICATE OF DEATH.

E. 15373

113 Schmitz Monument & Mason

1-PLACE OF DEATH

City of BALTIMORE: (No. 3204 Tilest St. 26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Kispert

(a) RESIDENCE NO. 3204 Tilest St. 26 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug. 12th 1926

7 AGE: Years 0 | Months 2 | Days 16 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER George J. Kispert.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Appolonia Miller

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant: Frank Kispert

(Address) 3204 Tilest St.

Filed 9 1926, 19 C. THOMPSON JONES, M. D., Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct. 28th

17 I HEREBY CERTIFY, That I attended deceased from Oct 26 1926, to Oct. 28, 1926, that I last saw h.. alive on Oct. 27, 1926, and that death occurred, on the date stated above, at 1a. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(duration) yrs. mos. 60 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Schmitz, M. D.

10/28 1926 (Address) 701 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — Date of Burial: Oct 30 1926

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 1032 S. Wolfe St

Cor.—1-12-23—M&T—100 Bks.

E, 15374

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15374

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 8-4 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Goetz

(a) RESIDENCE NO. 2227 Mura St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Goetz

DATE OF BIRTH (month, day, and year) Nov 26/1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	57	11	1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman 62
(b) General nature of industry, business, or establishment in which employed (or employer) Highland Building Co
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Christopher Goetz
(Address) 1037 N. Wolfe St

FILED 9 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(Autopsy at Hopkins Hospital)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chr. Nephritis (duration) ... yrs. ... mos. ... ds.

(Signed) J. M. Weller, M. D.
(Coroner.)

10-29-26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Oct 30th 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S Wolfe St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15375

E, 15375

CERTIFICATE OF DEATH.

REGISTERED NO. 18-003

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. No. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Trutewing

(a) RESIDENCE NO. 3226 Foster Ave St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1st 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71 yrs	11	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Sebastian Reinsfelder

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Veronica Goldbrecht

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Sebastian Reinsfelder
(Address) 3226 Foster Ave

9/1926 C. HARRISON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 192 6

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, aforesaid find that said deceased came to her death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH was as follows: Auto accident

Multiple Fractures

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) G. Lorizadis M. D.
(Coroner)

(Address) 143 Holliday

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Oct 30th 1926

20 UNDERTAKER Lilly & Zeller ADDRESS 4033 Wolfe St

...ec.—1-12-23—M&T—500 Bks.

E. 15376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15376

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 187 Gittings Avenue ST. 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie F. Bauer

(a) RESIDENCE NO. 187 Gittings Avenue, ST. Grams WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. C. Bauer

DATE OF BIRTH (month, day, and year) Sept 29, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Swartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Fred C. Bauer

(Address) 187 Gittings Avenue

15 1926 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1926, to Oct 28, 1926, that I last saw h[illegible] alive on Oct 28, 1926, and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Addisons Idiopathic Anemia

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No Gross Microscopic Chemistry

What test confirmed diagnosis?

(Signed) Wm. F. Ellsbury, M. D.

10/29, 1926 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Nov 1, 1926

20 UNDERTAKER E. LeRoy Stuffle ADDRESS 126 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E. 15377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15377

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Davison

(a) RESIDENCE No. Home for Incurables ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Apr-19-1856

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	10	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Bath Pa.

PARENTS

10 NAME OF FATHER Wm. H. Davison

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Elizabeth Garver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Joseph H. Davison (Address) 1711 N. Calvert St. Balto

15 Filed Oct 30, 1926 N.E.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-29-1926

17 I HEREBY CERTIFY, That I attended deceased from 10-25-1926, to 10-29-1926, that I last saw her alive on 10-29-1926, and that death occurred, on the date stated above, at 8-50 A m.

The CAUSE OF DEATH* was as follows:

Thrombosis of axillary vein

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) — yrs. — mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no Physicians agree

What test confirmed diagnosis?

(Signed) H. H. Mayo M. D.

Oct 29 1926 (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill cem

DATE OF BURIAL Nov 1 1926

20 UNDERTAKER E. LeRoy Shipley

ADDRESS 1754 North ave

Spec.—12-9-25—A Co.—200 Bks.

E-15378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

29 E-15378

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 273 E. 31½ St. S. 12-2 Ward)

2-FULL NAME Rosanna Schlegrell

(a) RESIDENCE NO. 273 E. 31½ St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George F. Schlegrell

6 DATE OF BIRTH (month, day, and year): Jan. 21-1868

7 AGE — Years: 58 | Months: 9 | Days: 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Rosa Schlegrell

(Address) 273 E. 31½ St.

9 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct 26 26

17

I HEREBY CERTIFY, That I attended deceased from Mar 1 26, 19..., to Oct. 26, 19 26, that I last saw h... alive on Oct. 26, 19..., and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

6

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

3

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) C. Hampson Jones, M. D.

10/30, 19 26 (Address) 5701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery Date of Burial 10/30 19

20 UNDERTAKER: Frank Evans

ADDRESS: 2nd & Eutaw Sts.

Cor.—12-9-25—A Co.—200 Bks.

(Bynoum)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15379

CERTIFICATE OF DEATH.

E 15379

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3275 Fremont St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rufus Bynoum

(a) RESIDENCE NO. 3275 Fremont St. Ward S. Carolina

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Abbie Bynoum

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 39; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer): not known

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Jesse Bynoum

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Ella Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S C

14 Informant: Abe Bynoum (Address) 3275 Fremont

15 Filed C. Pleasonton 1926 Registrar

Per Kres

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Harold L. Watts M. D.

(Coroner)

, 19 2, (Address) 322 St Paul Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bishopville S.C. Date of Burial: Oct 30 1926

20 UNDERTAKER: Edward Bryan ADDRESS 1601 orleans st

Cor.—12-9-25—A Co.—200 Bks.

E 15380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15380

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Pl St. 421 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Newman

(a) RESIDENCE NO. 3 e Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Not Known

9 BIRTHPLACE (city or town) West Va.

(State or country)

PARENTS

10 NAME OF FATHER Oliver Newman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Laring

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant George Grace

(Address) 614 - 4½ St Washington D.C.

15 C. HAMPSON JONES, M. D.

Registrar

Filed OCT 30 1926

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Autopsy Instantaneous

Automobile & Truck Fell on

Head,

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fractured Skull

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C. Date of Burial Oct 30 26

20 UNDERTAKER John A Goodwin ADDRESS 1027 10th St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E T 15381

CERTIFICATE OF DEATH.

E T 15381

REGISTERED NO. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1653 Thomas Ave St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary H. Stewart

(a) RESIDENCE NO. 1653 Thomas Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced ~~HUSBAND~~ or (or) WIFE of: late John W. Stewart

6 DATE OF BIRTH (month, day, and year): Aug- 152

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: 05

9 BIRTHPLACE (city or town)

(State or country): W. Va.

PARENTS

10 NAME OF FATHER: Wm Caldwell

11 BIRTHPLACE OF FATHER (city or town)

(State or country): W. Va.

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): W. Va.

14 Informant: Luella L. Trobaugh

(Address): 1653 Thomas Ave

0 1926

C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29. 1926.

17

I HEREBY CERTIFY, That I attended deceased from ... 19 23, to Oct 29., 19 26

that I last saw h. alive on Oct 28, 19 26.

and that death occurred, on the date stated above, at 930 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis (duration) 5 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) W. H. Lamm, M. D.

10/29 19 26 (Address) 1822 W Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Martinsburg W. Va Date of Burial 10/30/26

20 UNDERTAKER: Philip Herwig ADDRESS 2016 Orleans St

Spec.—12 9.25—A Co.—200 Bks.

E-15382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78 E-15382

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 W. Saratoga St. St. 191 Ward)

(If death occurred in a bospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Leo Ramond Mathews

(a) RESIDENCE NO. 1624 W. Saratoga St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ? mos. 8. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 30th. 1904

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Ice wagon

(c) Name of employer ~~A Chew~~ ~~American Ice~~

9 BIRTHPLACE (city or town)_____

(State or country) Chas. Co. Md.

PARENTS

10 NAME OF FATHER Francis Mathews

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Chas. Co. Md.

12 MAIDEN NAME OF MOTHER Amelia Browner

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Chas. Co. Md.

14 Informant Francis Mathews (Father)

(Address) 1624 W. Saratoga St.

15 Filed OCT 30 1926 G. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 27th. 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1926, to Oct. 27th, 1926

that I last saw him alive on Oct 26th. 1926.

and that death occurred, on the date stated above, at 2. a. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No. Date of_____

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Zion Cy Oct 30 1926

20 UNDERTAKER — ADDRESS

Edward Whalen 308 Myrtle ave

Spec.—1-10-21—M&T—1500 Bks.

E 15383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15383

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Baltimore Hospital — REGISTERED NO. 129

CITY OF BALTIMORE: (No. 1226 Belmont Ave St.; WARD) 9-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett S. Bricker

(a) RESIDENCE NO. 1226 Belmont Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm S. Bricker

6 DATE OF BIRTH (month, day, and year) May 22 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Hagan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Wm S. Bricker. (Address) 1226 Belmont Ave

15 Filed 10 30 1926 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1925, to Oct 28, 1926, that I last saw her alive on Oct 28, 1926, and that death occurred, on the date stated above, at 11 30 P. m.

The CAUSE OF DEATH* was as follows:

arterio Sclerosis & Interstitial Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy. Cerebral Hemorrhage (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1226 Belmont Ave

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph P Storm, M. D.

, 19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. — DATE OF BURIAL Oct 31 1926

20 UNDERTAKER Geo M. Fink & Son — ADDRESS 811 N Wolfe

Spec.—12-9-25—A Co.—200 Bks.

E 15384

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 15384

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 Wilson St., 14-1 Ward)

2-FULL NAME Thelma Lutter

(a) RESIDENCE NO. 403 Wilson St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31, 1926

7 AGE — Years | Months: 4 | Days: 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Giles Lutter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Thelma Lutter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Giles Lutter

(Address) 403 Wilson

Filed 10 30 1926 19

Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-29 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 28, 1926, to Oct 29, 1926, that I last saw h[illegible] alive on Oct 29, 1926, and that death occurred, on the date stated above, at 10[illegible] A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Leo Hyden M. D.

1926, 19 21 (Address) 508 Dorsett St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — Date of Burial 10/30/1926

20 UNDERTAKER Mrs. Leo. C. Holland — ADDRESS 1631 Druid Hill

Spec.—1-12-23—M&T—500 Bks.

E 15385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

111-01

E 15385

1-PLACE OF DEATH U. S. Marine Hospital #1.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 17-V WARD)

2-FULL NAME William Hafey.

(a) RESIDENCE NO. U.S Marine Hospital #1 ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., If of foreign birth? — yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) " " 086

(c) Name of employer S/S West Nonhaw

9 BIRTHPLACE (city or town) (State or country) Natyre Born U.S.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Self
(Address)

15 Filed OCT 30 1926 C. HAMPSON JONES, M. D. Registrar
Per Reg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1926, to Oct 28, 1926, that I last saw him alive on Oct. 28, 1926 and that death occurred, on the date stated above, at 2 1/4 a. m.

The CAUSE OF DEATH* was as follows:

Ulcer, gastric, perforation

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) Pneumonia, lobar acute, Hemorrhage acute
(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? Yes Date of Oct 18-27, 1926

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings + Laboratory tests + operation

(Signed) J H R Booth, M. D.

, 19 (Address) U.S Marine Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cemetery	Oct 30 19
20 UNDERTAKER LeRoy Stiffler	ADDRESS 1252 Hollins ave

pec.—1-12-23—M&T—500 Blks.

15386

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15386

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 27-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Garnett Wilson

(a) RESIDENCE No. 4421 Craddock Avenue ST. Govans WARD 2nd

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~, (write the word)
Male	Col-	Child

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 22-1915

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11 yrs.	8	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... School

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Bel

(State or country)

10 NAME OF FATHER Harry Wilson

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary Walker

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Md

PARENTS

4 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

5 Filed 0 1926 C. H. THOMPSON JONES, M. D. Registrar

Per RRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1926, to Oct. 27th, 1926, that I last saw h alive on Oct 27th, 1926 and that death occurred, on the date stated above, at 4 00 A m

The CAUSE OF DEATH* was as follows:

C Broncio Pulmonitis Influenzatis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Louis E. Martin M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL Oct 30 1926

20 UNDERTAKER Samuel H. Frazier ADDRESS W. Baltimore

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E-15387

E-15387 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 323 N Carey St., (ST.) 18-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie P. Shay.

(a) RESIDENCE NO. 323 N Carey St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late John M Shay

6 DATE OF BIRTH (month, day, and year) Sept. 6, 1848

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	I	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Denney.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Roxey Lunsford.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary J. Rice.

(Address) 323 N Carey St.

15 Filed OCT 30 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/28/26 19

17 I HEREBY CERTIFY, That I attended deceased from 10/25-26, 19 , to 10/28/26, 19 ,

that I last saw he alive on 10/21/26, 19 ,

and that death occurred, on the date stated above, at 7 41 m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5- ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Not

(Signed) [illegible] M. D.

(Address) 325 Hunt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Oct 30 19

20 UNDERTAKER: Harry H. Woltz & Co — ADDRESS: 1531 W Lanvale

Spec.—1-12-23—M&T—500 Bks.

E, 15388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15388

123 57

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 W. Calvert ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas W. Slater

(a) RESIDENCE NO. 2812 W. Calvert ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 19 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Mowbray

7 DATE OF BIRTH (month, day, and year) Aug. 10, 1870

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	56	2	19	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of Industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas W. Slater

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) England

12 MAIDEN NAME OF MOTHER Mary Ann Lloyd

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Elizabeth Mitchell (Address) 2812 W. Calvert Street

15 Filed Oct 30 1926 C. HAMPSON JONES, Registrar

CT3 01926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25th., 1926, to Oct. 29th., 1926, that I last saw him alive on Oct. 28th., 1926, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Endocarditus, (Chronic)

Unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

..... (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? No Date of -----

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs, Etc.

(Signed) Frederick D. Green, M. D.

, 19 (Address) 2877 W. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	11/1 1926
20 UNDERTAKER Henry A. Mears & Son	ADDRESS 505 N. Calvert St

Dec.—1-12-23—M&T—500 Bks.

E, 15389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15389

CERTIFICATE OF DEATH.

12-4 129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Barclay ST. ..... WARD)

2-FULL NAME Nellie B. Payne

(a) RESIDENCE NO. 2416 Barclay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Payne

6 DATE OF BIRTH (month, day, and year) Nov. 5, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	60	11	20 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER George W. L. Buckler

11 BIRTHPLACE OF FATHER (city or town) St. Mary's Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Victoria McGinley

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maine

14 Informant Joseph Payne
(Address) 2416 Barclay Street

15 Filed [illegible], 19 C. HAMPSON JONES, M. D. Registrar
Per: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month) October 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from July 7 19 26, to Oct. 28 19 26,
that I last saw her alive on Oct 28 19 26,
and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Coronary Sclerosis

(duration) 20 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. W. Montgomery 2111 K, M. D.

10/29/26 (Address) Geo. W. Montgomery 2111 K

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 11/1 19 26

20 UNDERTAKER Henry A. Meare & Son

ADDRESS 805 N. Calvert St

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 15390 HEALTH DEPARTMENT—CITY OF BALTIMORE. 161 E 15390

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Bolton

(a) RESIDENCE. No. 629 Kate Ave ST., WARD.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 20-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baby
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Thos. Bolton
11 BIRTHPLACE OF FATHER (city or town) (State or country) Whiteford Md.
12 MAIDEN NAME OF MOTHER Nellie Cummings
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hartford Co Md.

14 Informant Franklin Square
(Address) C. HAMPSON JONES, M.D.

15 Filed OCT 30 1926 19.... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 29 1926, to Oct 29th 1926, that I last saw him alive on Oct 29th 1926, and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) Premature

(duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. L. Dudley Jacca, M. D.

19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Oct 30 1926

20 UNDERTAKER J. H. Cook — ADDRESS 522 E Fayette

Spec. 1-10-21 M&T 1500 Blks.

E 15391 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15391

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH At home.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2827 Clifton ave ST. 15-8 WARD)

2-FULL NAME Eliza Hannah Anderson

(a) RESIDENCE NO. 2827 Clifton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Richard A. Anderson

6 DATE OF BIRTH (month, day, and year) Dec 20, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	73	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Mark Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Mary Grove

(Address) #38 Willow Hill Rd.

15 OCT 30 1926 19 C. THOMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 5 1926 to Oct. 27 1926.

that I last saw her alive on Oct. 25 1926

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 yrs. + mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory tests.

(Signed) Austin T. Robinson M. D.

10/27 1926 (Address) 836 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Oct 30 1926
20 UNDERTAKER	ADDRESS
Henry H. Jenkins Sons Co	McCulloh & Orchard

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15392

CERTIFICATE OF DEATH.

113 E 15392

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Holmes

(a) RESIDENCE No. 1126 N. Calhoun ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male | 4 COLOR OR RACE col | 5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 8-26.

7 AGE — Years: | Months: 8 | Days: 10 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath.

PARENTS

10 NAME OF FATHER Geo Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary Hoven

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records. (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 30 1926 19 C. HAMPSON JONES, M. D. Registrar Per EKK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1926, to Oct. 28 1926.

that I last saw h alive on Oct. 28, 1926

and that death occurred, on the date stated above, at 8 15 A. m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Thomas W. Carnwell M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Oct 30 1926

UNDERTAKER Jas. W. Chase & Son

ADDRESS 1410 Madison

Spec.—6-9-19—H. P. Co.—1000 Bks.

E-15393 HEALTH DEPARTMENT—CITY OF BALTIMORE E-15393

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E. Madison ST.: 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ramona Williams

(a) RESIDENCE. NO. 1618 E. Madison ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 14 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At school

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Benj F. Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Julia B. Williams

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Julia Belle Williams
(Address) 1618 E. Madison St.

15 Filed 30 1926 C. HAMPSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27- 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 9- 1926, to Oct 27- 1926, that I last saw h alive on Oct 26- 1926, and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) Chas. J. Keller, M. D.

10-28, 1926 (Address) 222 W. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	10/31 1926
20 UNDERTAKER	ADDRESS
Gaston Sheimer	1625 E. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15394

CERTIFICATE OF DEATH.

31 E 15394

REGISTERED NO. 1

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (C.) St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Lee

(a) RESIDENCE NO. 1010 Salisbury Alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)

(State or country) Georgia

PARENTS

10 NAME OF FATHER Jim Collins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Georgia

12 MAIDEN NAME OF MOTHER Mattie Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Georgia

14 Informant Hospital Records

(Address) UNIVERSITY OF MARYLAND.

15 Filed C. EMERSON JONES, M. D. Registrar

OCT 30 1926 Per 0769 RKW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Oct. 27, 1926

17:

I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1926, to Oct. 27, 1926, that I last saw him alive on Oct. 27, 1926, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

10-28-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial 19

20 UNDERTAKER Commissioner Health, ADDRESS OCT 30 1926

For Wm. S. WOODALL

Very important that all questions be answered.

Spec.—12-9-25—A Co.—200 Bks.

Dr. Beyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15395

CERTIFICATE OF DEATH.

44 E, 15395

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 210 S. Collington Ave St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Jacobsen

(a) RESIDENCE NO. 210 S. Collington Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Jacobsen

6 DATE OF BIRTH (month, day, and year) June 4. 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER John A. Jacobsen

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Fiel

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Augusta Jacobsen

(Address) 210 S. Collington Ave

15 Filed Oct 29 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17 I HEREBY CERTIFY, That I attended deceased from October 6, 1926 to October 29 1926, that I last saw him alive on Oct 28, 1926, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Throat

(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency Pulmonary Edema

(duration) ___ yrs. ___ mos. 7 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of Sept 15. 26

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) W. A. Jacobsen, M. D.

Oct 29, 1926 (Address) 156 N. Milton Ave,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Lorraine Cemetery	Nov. 1 1926
20 UNDERTAKER	**ADDRESS**
Henry Sauder & Sons Inc	1710 Fleet St.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 15396

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 15396

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2323 E. Oliver St., 8-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. Zimmerman

(a) Residence No. 2323 E Oliver St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Zimmerman

6-DATE OF BIRTH (month, day and year) 2/10/1845

7-AGE, 81 yrs. 8 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer RR

(c) Name of employer

9-BIRTHPLACE (city or town)..... (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Henry Zimmerman

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Christine Kramer

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Germany

14-

(Informant) Walter J. Nilz

(Address) 2323 E Oliver St

15-

Filed ..... 192 G. HARRISON JONES, M.

Per ..... Registrar.

8 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 29, 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 27 1926 to Oct 29 1926.

that I last saw h. alive on Oct 28 1926

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

about 5 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hubert Eakins M. D.

Oct 29 1926 (Address) 1716 E. Preston St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL.
Baltimore Cemetery	11/1 1926
20-UNDERTAKER	ADDRESS
Albert L. Nilz Jr	1606 N Chester St

Spec.—1-10-21—M&T—1500 Bks.

E, 15397 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 15397

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 18-E-LaFayette Ave (St.) 72-6 (Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Boninger Parr.

(a) RESIDENCE No. 18-E-LaFayette St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? 36 yrs. 11 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov-20-1889

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
36	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles E. Parr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Helen B. McKew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland

14 Informant W. McKew Parr - (Brother)

(Address) 18-E-LaFayette Ave

15 Filed Oct 30 1926 C. THOMPSON JONES, M. D. Registrar

Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1925, to Oct 29, 1926, that I last saw h alive on Oct 29, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard A. Kelly M. D.

(Address) 18 W. Franklin St Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery DATE OF BURIAL Nov-1 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOOSTER, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

E 15398 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15398

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3146 Wilkens ave ST. W-2 90 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gustav Fr Kirschbraun

(a) RESIDENCE No. 3146 Wilkens av ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kirschbraun

6 DATE OF BIRTH (month, day, and year) Oct. 18 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	—	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tayler

(b) General nature of industry, business, or establishment in which employed (or employer) retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germony

PARENTS

10 NAME OF FATHER Gustave Kirschbraun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Kirschbraun (Address) 3146 Wilkens ave.

15 ..... 19 ..... Registrar

D 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1 . 1926 . to Oct 29 . 1926 . that I last saw h/M alive on Oct 29 . 1926 . and that death occurred, on the date stated above, at 4 p m. The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

abnt (duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H Goshorn M. D.

(Address) 3100 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 1 1926

20 UNDERTAKER Louis Heemann ADDRESS 32 S Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15399

CERTIFICATE OF DEATH.

188-007

E 15399

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at the South Baltimore General Hospital 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Booze. C.

(a) RESIDENCE NO. Linthicum Heights, A. A. Co. Md. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) March 27 1918

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) A. A. Co. Md.

PARENTS

10 NAME OF FATHER Isaac Booze. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Eleanore Henson. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) A. A. Co. Md.

14 Informant Isaac Booze. (C) father.

(Address) Brooklyn Rd. A. A. Co. Md.

15 Filed 3 1 1926 C. CARSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 30, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull,

Struck and knocked down by a motor-cycle while crossing the road.

Accidental Death (Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M Leinhardt M. D.

(Coroner)

10/30 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? Linthicum Heights. A. A. Co. Md. 10/30/26

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Furnace Branch Nov 1 1926

Date of Burial

20 UNDERTAKER E. L. Brown & Son

ADDRESS 1080 W Mont'y st

Spec.—1-12-23—M&T—500 Bks.

E-15400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-6 49

E-15400

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Merryman Court ST. Roland Park WARD)

2-FULL NAME Mary Stewart Speer

(a) RESIDENCE NO. 3 Merryman Court ST., Roland Park WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Talbot Taylor Speer

6 DATE OF BIRTH (month, day, and year) Nov. 17 - 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER John Stewart

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Mary Washington Keyser

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant .....

(Address) .....

Filed OCT 31 1926 H. M. J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29, 1926

17

I HEREBY CERTIFY, That I attended deceased from May, 1924, to Oct., 1926,

that I last saw h alive on Oct. 29, 1926,

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows: —

Malignic Sarcoma

metastasis melastasis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 1924

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Hans A Bloom, M. D.

, 19 (Address) 12 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Thomas Circle Park Druid Forest	Oct 31 1926
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

Spec—12-23-21—E.B.R.S.—400 Blks.

E, 15401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15401

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1211 Lyndenave St. 11-1 Ward)

Registered No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Mary Ker Bash

(a) Residence No. 1211 Lyndenave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widow

5a-If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE ~~of~~ Edward H. Bash

6-DATE OF BIRTH (month, day and year) unknown

7-AGE. 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Ker

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER. Cecelia Wells

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Phila Pa

11- (Informant). Edward H. Bash

(Address) 1211 Lyndenave

Filed OCT 31 1926

WILLIAM H. JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 29 1926

17- I HEREBY CERTIFY, That I attended deceased from May 4 1926, to Oct 29 1926

that I last saw h alive on Oct 29 1926

and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH was as follows:

Apoplexy

Chronic Myocarditis

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr Dil Nephritis

(Duration) 3 yrs. mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Blentzer M. D.

Oct 30 1926 (Address) 1504 McCulloh St

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Greenmount	10-31-26

20-UNDERTAKER.	ADDRESS
Henry Purdum Sons & Co	Edmondson Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 15402

REGISTERED NO.

E 15402 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1036 Granby Street 2-1 Ward)

2-FULL NAME Mat Louis Shapiro

(a) RESIDENCE NO. 1036 Granby Street St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE: Rachael M Shapiro

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 75 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): Dealer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: Benj Shapiro

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Sadie Louis

(Address): 1439 E Balt St

Filed ....., 19.....

For C. HARRISON JONES, M. D. Registrar

3 1 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 10-29-26

17 I HEREBY CERTIFY, That I attended deceased from June 15 1926, to Oct-29, 1926, that I last saw h.im alive on Oct-25-, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows: Chr. Myocarditis

(duration) ?.....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary): Arterio-sclerosis

(duration) ?.....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. J. Davidson, M. D.

10/30, 1926 (Address) 6 S Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial: 10/31/19 26

20 UNDERTAKER: Jacob Louis — ADDRESS: 1409 E Balt St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15403

CERTIFICATE OF DEATH.

154-002 E 15403

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 S. Patterson Park ave ST.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Digiorgio

(a) RESIDENCE NO. 230 S Patterson Park ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Oct 29-1926

7 AGE: Years | Months | Days: 1 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore md.

PARENTS

10 NAME OF FATHER: Dominico Digiorgio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Smurka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Dominio Digiorgio

(Address) 230 S Patterson Park ave

Filed OCT 31 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/31 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/30/26 2.30 pm, 19 26, to 10/31, 19 26,

that I last saw him alive on 10/31, 19 26,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Pulmonary Tuberculosis

Cause Unknown

Normal Delivery

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no By

What test confirmed diagnosis? Symptoms

(Signed) Daniel L Duval, M. D.

, 19 26 (Address) 30 25 Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Nov 1

DATE OF BURIAL 1926

20 UNDERTAKER: George a. Weber

ADDRESS 2205 Bank st

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15404

CERTIFICATE OF DEATH.

90 E-15404

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Bank st. ST. 1-1 WARD)

2-FULL NAME Jozef Juras

(a) RESIDENCE NO. 2211 Bank street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Agnes Juras

DATE OF BIRTH (month, day, and year) March 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	7		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Car Shops.
(b) General nature of industry, business, or establishment in which employed (or employer) B & O RR Co.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland.

10 NAME OF FATHER Martin Juras

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Juras

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant Mary Juras Xanthe
(Address) 2211 Bank street

Filed OCT 3 1 1926 THOMPSON JONES, M. D. Registrar

RJK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

Witnessed by ..... (Coroner) C. E. Lado, M. D.

Oct 30 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Nov 2 1926
20 UNDERTAKER	ADDRESS
George A. Weber	2205 Bank st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15405

CERTIFICATE OF DEATH.

49 ✓ E. 15405

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2139 Talbot Ave St. 15-11 Ward)

2-FULL NAME Joshua J. McCauley C.

(a) RESIDENCE NO. 2139 Talbot Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie A McCauley

6 DATE OF BIRTH (month, day, and year) Dec 19-1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 073

(b) General nature of industry, business, or establishment in which employed (or employer) Penna R.R.

(c) Name of employer Retired 2 years

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore Co. Md

PARENTS

10 NAME OF FATHER John McCauley

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Martin

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Maryland

14 Informant Mrs Annie A McCauley

(Address) 2139 Talbot Ave

Filed 10/31 1926 J. H. JONES, M. D. Registrar

Per RJC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29- 1926.

17

I HEREBY CERTIFY, That I attended deceased from Feb, 1926, to Oct 29, 1926

that I last saw him alive on Oct 29, 1926

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cancer of L. Lung.

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) F. W. Dietrich M.D., M. D.

10/31 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mt Olivet Baltimore Co. Nov 1 1926

20 UNDERTAKER ADDRESS

Horace G. Burgan 3623 Falls Road

Spec.—1-10-21—M&T—1500 Bks.

E 15406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15406

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 W. Fairmount St. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H. Nelson

(a) RESIDENCE No. 1523 W. Fairmount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 26 65

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 0&0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Reuben Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alverta Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elizabeth Johnson (Address) 1523 W. Fairmount

15 Filed OCT 31 1926 C. MARSHALL JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 3 —, 1926, to Oct 28 —, 1926, that I last saw h...alive on Oct 28 —, 1926, and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

Chronic Interstitial Nephritis

(duration) yrs. 4 mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis Hemiplegia Diseases (duration) 1 yrs. 8 mos. 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Positive

(Signed) Dr. G.W. Kennard, M. D.

10-29-1926 (Address) 709 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Oct 31, 1926

20 UNDERTAKER Jim H. Cairns Sons

ADDRESS 1400 Madison

Spec.—1-12-23—M&T—500 Blks.

E, 15407.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E, 15407

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Gay ST. 10-2 WARD)

2-FULL NAME Frederick H Herbert

(a) RESIDENCE NO. 710 N Gay ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wh

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Herbert

6 DATE OF BIRTH (month, day, and year): March 27 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Harford Co

PARENTS

10 NAME OF FATHER: John Herbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co

14 Informant (Address): Elizabeth Herbert 710 N Gay St.

15 Filed 10/31 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Apr 1925 to Oct 29 1926.

that I last saw him alive on Oct 29 1926

and that death occurred, on the date stated above, at 4 15 P.M.

The CAUSE OF DEATH* was as follows:

Ch Parenchymatous nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes mellitus

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) A. H. Hornstein M. D.

10/29 1926 (Address) 733 Arguilla St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem't

DATE OF BURIAL: Nov 2 1926

20 UNDERTAKER: William Cook

ADDRESS: 502 E Madison

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15408

CERTIFICATE OF DEATH.

90 E 15408

8-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. McElderry & Patterson ST. Park Ave WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Morgan

(a) RESIDENCE NO. 2310 Vonderhorst Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Morgan

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer Fred Baun

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George W. Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Albert Morgan
(Address) 2310 Vonderhorst Lane

15 Filed 11 3 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure
(Died suddenly while at work)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Patterson, M. D.
(Coroner.)

10/30/1926 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County — DATE OF BURIAL 11/3 192[illegible]

20 UNDERTAKER Wm Cook — ADDRESS 508 E North

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15409

CERTIFICATE OF DEATH.

E. 15409

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 S. 5th st Brooklyn

2-FULL NAME Robert E. Nunnally Jr.

(a) RESIDENCE NO. 300 S. 5th st ST Brooklyn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-4-1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
58	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Robt. E. Nunnally Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah F. Mcanly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Columbus Nunnally (Address) 300 S. 5th St

15 Filed 3 1 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Oct 29, 1926, that I last saw h alive on Oct 29, 1926 and that death occurred, on the date stated above, at 5-20 P m

The CAUSE OF DEATH* was as follows:

Cancer of Throat

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas O'Brooke M. D.

1926 (Address) Brooklyn Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	11/1 1926
20 UNDERTAKER	**ADDRESS**
J. Fenw McCully	1301 Fort

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15410

CERTIFICATE OF DEATH.

73 ✓

E 15410

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 26-7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Tiemann

(a) RESIDENCE NO. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Missouri

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

Filed 19

CARSON JONES, M. D.

Registrar

T 31 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 29 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to October 29, 1926, that I last saw him alive on October 28, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Frederick's Ataxia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & laboratory

(Signed) R. Hooper Smith, M. D.

Oct 27 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Nov 1 1926

20 UNDERTAKER C. W. Dill. ADDRESS 3707 Frederick Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15411

CERTIFICATE OF DEATH.

90 E, 15411

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1915 Brunt St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Herried

(a) RESIDENCE NO. 1915 Brunt St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Colored

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Fannie Herried

6 DATE OF BIRTH (month, day, and year) Unknown 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	67	?		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood Carver

(b) General nature of industry, business, or establishment in which employed (or employer) 35

(c) Name of employer

9 BIRTHPLACE (city or town) Balt Md.

(State or country)

PARENTS

10 NAME OF FATHER William Herried

11 BIRTHPLACE OF FATHER (city or town) ? Md.

(State or country)

12 MAIDEN NAME OF MOTHER Nancy Costas

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Fannie Herried

(Address) 1915 Brunt St

Filed 13 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1926, to Oct 28, 1926, that I last saw him alive on Oct 27, 1926, and that death occurred, on the date stated above, at 1 1/2 10A. m.

The CAUSE OF DEATH* was as follows:

Chronic Fibroid Heart Disease

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E William Frey, M. D.

10/29 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natnre of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial Oct 31 1926

20 UNDERTAKER Ed Samuel Hruby ADDRESS 938 Baddens

Spec.–7-17-26—A Co.—200 Bks.

Shipley

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E-15412

E-15412

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 4719 Park Heights Ave. St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Loyal Conn Shipley

(a) RESIDENCE NO. 4719 Park Heights Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Shipley.

6 DATE OF BIRTH (month, day, and year) Aug. 3 - 1846

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	80	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Garrett Co. Md.

PARENTS

10 NAME OF FATHER John Allen Hillemeyer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa Simmons

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs. H. Shipley

(Address) 4719 Park Heights Ave.

Filed OCT 1 1926 19 Carlson Jones M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26

Oct. 30

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1926 to Oct. 30, 1926, that I last saw h alive on Oct. 30, 1926, and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Congestive Tuberculosis Pulmonalis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY None

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms.

(Signed) Kenneth D. Beck, M. D.

, 19 (Address) 4705 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park Cem	11/1 '26
20 UNDERTAKER	ADDRESS
Geo. A. Farley	Fulton & Fayette

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E. 15413

CERTIFICATE OF DEATH.

E-15413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. Fulton Ave St. 16-5 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna P. Allard

(a) RESIDENCE NO. 618 N. Fulton Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) Telephone Co

(c) Name of employer C & P

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Thomas B Allard

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Martin

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Annie Allard (Address) 618 N. Fulton Ave

15 Filed NOV 1 1926 Mr. R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 19 26

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 19 26, to Oct 30, 19 26,

that I last saw h[illegible] alive on Oct 30, 19 26,

and that death occurred, on the date stated above, at 1 40 a m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) 24 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? –

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Hx

(Signed) Wm Stifler, M. D.

10/30 19 26 (Address) 1314 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL NOV 2 1926 19

20 UNDERTAKER Geo W Little

ADDRESS 2709 Reisterstown Rd.

Spec.—1-10-21—M&T—1500 Bks.

E-15414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15414

CERTIFICATE OF DEATH.

E-15414

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 S. Paca ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary G. Moore

(a) RESIDENCE NO. 829 S. Paca ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Casper Moore

6 DATE OF BIRTH (month, day, and year) Feb 6 1832

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mom

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Annie Wagner

(Address) 829 S. Paca

15 Filed 1926 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1926, to Oct. 28, 1926,

that I last saw her alive on Oct. 28, 1926,

and that death occurred, on the date stated above, at 3 20 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert L. Green, M. D.

1230, 1926 (Address) 120 Haigwith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Nov. 2 1926

UNDERTAKER Jeff Jenkins & Carroll

ADDRESS, 4203 Reisterstown Rd.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15415

CERTIFICATE OF DEATH.

E 15415

REGISTERED NO.

1-PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 90-5 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aloysius O'Leary

(a) RESIDENCE NO. Woodstock College ST., WARD

(Usual place of abode) Woodstock, Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male.

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Europe

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Brother Abroad (Address) Woodstock College

15 Filed 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1926, to Oct. 31, 1926

that I last saw him alive on Oct. 31, 1926,

and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic interstitial nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodstock Md

DATE OF BURIAL Nov 2 1926

20 UNDERTAKER McCommit & Conner

ADDRESS 1203 Ridgewood Ave

Spec.—1-10-21—M&T—1500 Bks.

E, 15416 HEALTH DEPARTMENT—CITY OF BALTIMORE, E, 15416

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 17-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph W. Singleton

(a) RESIDENCE NO. Roanoke City, Maryland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
(HUSBAND of) (or) WIFE of Mrs Jos. W. Singleton

6 DATE OF BIRTH (month, day, and year) Oct. 14, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store-Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER J.E. Singleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Mary Osborne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Carolina

14 Informant Hospital Record.
(Address)

15 Filed ....., 19.... C. THOMPSON JONES, M. D.
Per ....., Registrar.

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-1 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to Nov. 1, 1926,

that I last saw him alive on Nov 1, 1926,

and that death occurred, on the date stated above, at 1.25 a. m.

The CAUSE OF DEATH* was as follows:

Cerrhosis of Liver

?? (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Paralysis (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/18/26

Was there an autopsy? Partial

What test confirmed diagnosis? Microscopic Section

(Signed) James Arthur Lemburg, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Roanoke City Md.	Nov 1 1926
20 UNDERTAKER	ADDRESS
E & B. Harle	115 E West St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002

E, 15417

REGISTERED NO. E, 15417

1-PLACE OF DEATH

City of BALTIMORE: (No. 25 E. Linwood Av St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hugh O. Hare

(a) RESIDENCE NO. 25 E. Linwood Ave St. 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Rose O-Hare

6 DATE OF BIRTH (month, day, and year) Aug 15th 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ireland

(State or country)

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Rose Sorg. Daughter

(Address) 25 E. Linwood Ave

15 Filed ..... 19 ..... Registrar

11-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct. 30th

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1926 to Oct 30 1926, that I last saw h alive on Oct 30/26, 19....., and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows: Hypertrophied Prostate

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uremia Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Edward Kelly M. D.

, 19 (Address) 108 N Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mount Calvary Youngstown Ohio Nov 2nd 1926

20 UNDERTAKER — ADDRESS

Lilly & Zeiler 403 S. Wolfe St

Fill in all blanks. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15418 — REGISTERED NO. 179 E, 15418

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 S. Eollington Ave. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Brown

(a) RESIDENCE NO. 514 S. Eollington Ave 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Frank Brown

6 DATE OF BIRTH (month, day, and year) Feb. 17th 1843

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	83	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER John Herbst

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Carrie Wiessner (Daughter)

(Address) 514 S. Eollington Ave.

15 Filed NOV 1 - 1926 19 C. H. PECK JONES, M.D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 28th 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/17, 1926, to 10/28, 1926, that I last saw h.. alive on 10/28, 1926, and that death occurred, on the date stated above, at 5.50 p. m.

The CAUSE OF DEATH* was as follows:

Generally of Cerebral Sclerosis

Chronic Interstitial Nephritis

Contributory Pernicious

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harold L. Brahm, M. D.

, 1926 (Address) 3523 Pall Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Holy Redeemer Cemetery — Date of Burial Nov. 1st 1926

20 UNDERTAKER Lilly & Zeiler — ADDRESS 4033 Wolfe St

Very Important. See Instructions on Back of Certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15419

CERTIFICATE OF DEATH.

1929 E, 15419

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 651-W-Mulberry ST., 4-1 WARD)

2-FULL NAME Mary Fortune

(a) RESIDENCE NO. 651 W Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1860

6 DATE OF BIRTH (month, day, and year) [illegible] 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto,

PARENTS

10 NAME OF FATHER James Harady

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Sarah Singleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Anne Stammers (Address) 651 W. Mulberry St

15 Filed NOV 1 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1926, to Oct 28, 1926, that I last saw her alive on Oct 28, 1926 and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy 5

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis +

General debility (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Postive

(Signed) W. H. Bennett, M. D.

10-29-1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Nov 1 1926

20 UNDERTAKER John H. Toadvine — ADDRESS Bond Hill

Cor.—1-12-23—M&T—100 Bka.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15420

CERTIFICATE OF DEATH.

E. 15420

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 562 N Ponton ST., 17-2 WARD)

2-FULL NAME Louis Robinson

(a) RESIDENCE NO 562 N Ponton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Robinson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 640
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Lewis Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alice Robinson (Address) 562 N Ponton

15 Filed OCT 1 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 192 6

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G. C. Yeo, M. D.

Oct 31 1926 (Corner.) (Address) 1430 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Nov 1 192 6
20 UNDERTAKER John H. Frades	ADDRESS 10 Dulaney Pl

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15421

CERTIFICATE OF DEATH.

162

E, 15421

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 632 Baker St. 1513 Ward)

2-FULL NAME Saml Duckett

(a) RESIDENCE NO. 632 Baker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 8-1926

7 AGE — Years — Months 1 mo 3 Days 21 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Joseph N. Duckett

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Maggie Forbes

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Maggie Duckett

(Address) 632 Baker St.

Filed OCT 1926 [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute toxic Neon.

9 mos

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) G C Glades M. D.

(Colored)

Oct 31 1926 (Address) 1436 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Nov, 1926

20 UNDERTAKER Virginia E. Brooks ADDRESS 1403 N Carey St

very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15422

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E, 15422

REGISTERED No. C

CITY OF BALTIMORE: (No. 310 S. Broadway ST.; 3-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wong Wah

(Residence in Baltimore: No. 340 S Broadway. St.; 20 about yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, Chinese

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, About 1874

? (Month) ? (Day), 1 (Year)

7-AGE, 52 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), China.

PARENTS.

10-NAME OF FATHER, ?

11-BIRTHPLACE OF FATHER (State or Country), China

12-MAIDEN NAME OF MOTHER ?

13-BIRTHPLACE OF MOTHER (State or Country), China.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jane L Wong

(Address) 340 S. Broadway

15-

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct. 30, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 30 1926, to Oct 30 1926, that I saw him alive on Oct 30 1926, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis several years.

(Duration) yrs. mos. ds.

(Signed) Paul H. Clough M. D.

Oct. 30, 1926 (Address) 24 E. Eager St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cem. DATE OF BURIAL, Nov. 3, 1926.

20-UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15423

CERTIFICATE OF DEATH.

90 E, 15423

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4820 Park Heights Ave. ST. 97-3 WARD)

2-FULL NAME Mary C. Lucas

(a) RESIDENCE No. 4820 Park Heights Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (~~HUSBAND of~~ or) WIFE of Samuel M. Lucas

6 DATE OF BIRTH (month, day, and year) Aug 31 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. J. Bovard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margie Gilbride

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Samuel M. Lucas (Address) 4820 Park Heights Ave.

15 Filed NOV 1 - 1926 M Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29th 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 4th, 1926, to Oct. 29th, 1926, that I last saw her alive on Oct. 29th, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Organic Heart Disease

(Chronic Myocarditis)

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jane Brown, M. D.

10/30, 1926 (Address) 1837 Penna. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. | DATE OF BURIAL Nov 1 1926

20 UNDERTAKER John O. Muldrew | ADDRESS 124 W Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15424
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

46-1 98

E, 15424
REGISTERED NO.

CITY OF BALTIMORE: (No. 3303 Windsor Mill Road ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rezin Beall Van Meter

(a) RESIDENCE No. 3303 Windsor Mill Road ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah E. Williams, Van Meter

6 DATE OF BIRTH (month, day, and year) Sept 9, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Solomon C. Van Meter

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Marie Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Lawrence N. Van Meter
(Address) 707 N. Fallsway

15 Filed NOV 1 - 1926 H. [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1926 to Oct 29, 1926.

that I last saw him alive on Oct 29, 1926,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic valvular heart disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ernest Sr. Baker, M. D.

10/30 1926 (Address) 2005 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 1 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W Fayette St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15425

CERTIFICATE OF DEATH

9-2 161-001

E, 15425

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd and Calvert ST., WARD)

2-FULL NAME Hugo Sealhorst

(a) RESIDENCE No. 1515 Abbottston ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Infant)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Fred. Sealhorst

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Wehner

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland (?)

14 Informant Mother (Anna Sealhorst)
(Address) 1515 Abbottston St.

15 Filed 1926 C. [illegible] JONES, M. D.
Per. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1926, to Oct 30, 1926,
that I last saw him alive on Oct. 30, 1926,
and that death occurred, on the date stated above, at 9. P. m.
The CAUSE OF DEATH* was as follows:

Marasmus.

(duration) since birth.

CONTRIBUTORY (Secondary) Prematurity (?)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) C. H. Berlinghof, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Cemetery	Nov [illegible] 26
20 UNDERTAKER	ADDRESS
H. Sander Sons	1310 Fleet St

Spec.—1-12-23—M&T—500 Blks.

Gudaitis

HEALTH DEPARTMENT—CITY OF BALTIMORE

10426

86-002

E. 15426

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., W-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gudaitis

(a) RESIDENCE NO. 702 W. Lombard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Not known yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Petrons Gudaitis

HUSBAND of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Hospital Records
(Address) University Hospital

15 Filed NOV 1 - 1926 19 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1926, to Oct 31, 1926, that I last saw him alive on Oct 31, 1926, and that death occurred, on the date stated above, at 4.10 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Mastoiditis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lateral sinus thrombosis (duration) yrs. 24 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 10/13/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory Tests

(Signed) A. R. Colvin M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL Nov 3 1926

20 UNDERTAKER John J. Grebliauskas ADDRESS 423 S. Paca St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15427

E, 15427

CERTIFICATE OF DEATH.

161-02

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1320 N. Chester St. 8-2 Ward)

2-FULL NAME Infant Perry

(a) RESIDENCE NO. 1320 N. Chester St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Oct 29 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Clayton W. Perry

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER Ida L. Reed

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country)

14 Informant: Ida L. Perry

(Address) 1320 N Chester

15 Filed _____ 19____ C. HARRISON JONES, M. D. Registrar

_____ 1926 By K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 19 26

17 I HEREBY CERTIFY, That I attended deceased from 10/29, 19 26, to 10/29, 19 26, that I last saw h__ alive on 10/29, 19 26, and that death occurred, on the date stated above, at 11-55 m.

The CAUSE OF DEATH* was as follows:

Premature Birth about 6 months

_____ (duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY _____ (Secondary)

_____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edward Hoon, M. D.

10/30/19 26 (Address) 413 N Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johns Hopkins Mausoleum — Date of Burial 10/31 19 26

20 UNDERTAKER _____ ADDRESS _____

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

George A. Grout

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15428

CERTIFICATE OF DEATH.

202 E, 15428

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 412

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Grout.

(a) RESIDENCE NO. 118 W. Mulberry St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	85	-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sport copy reader

(b) General nature of indnstry, bnsiness, or establishment in which employed (or employer): Balto. Sun.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Canada.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Do not know.

14 Informant Mr. Eaton.

(Address) Baltimore Sun.

15 Filed 1926 19 C. [illegible] Registrar

For [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) October 29, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Traumatic. unknown.
probably while intoxicated.

Accidental. (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Weinstock M. D.
(Coroner)

11/1, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? Injured October 23, 1926.

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Toronto Canada — Date of Burial: Nov 1 1926

UNDERTAKER: Henry H. Jenkins Sons Co — ADDRESS: Oakland & Eutaw Sts

...very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15429

CERTIFICATE OF DEATH.

31 E, 15429

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Hanbert St S. 24-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia M. Schultz.

(a) RESIDENCE No. 1403. Hanbert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Schultz.

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	11	4	

8 OCCUPATION OF DEGEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Austria (State or country) Hungary.

PARENTS

10 NAME OF FATHER Michael Zonnar.

11 BIRTHPLACE OF FATHER (city or town) Austria (State or country) Hungary

12 MAIDEN NAME OF MOTHER Kathinie Zonnar.

13 BIRTHPLACE OF MOTHER (city or town) Austria (State or country) Hungary

14 Informant Mrs Kathinie Zonnar. Foster

(Address) 1403 Hanbert St

15 Filed NOV 1- 1926 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17 I HEREBY CERTIFY, That I attended deceased from May. 29, 1925, to Oct 29, 1926.

that I last saw he alive on Oct 28, 1926

and that death occurred, on the date stated above, at 12 40 a m.

The CAUSE OF DEATH* was as follows:

Pneumonary Tuberculosis

(duration) 1 yrs. 6 mos 0 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None.

(Signed) Thos La Stevens M. D.

10/29 1926 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Lot,

DATE OF BURIAL Nov. 2 1926

20 UNDERTAKER Thos L. Stevens

ADDRESS 1201 Fort Ave.

ATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E-15430

CERTIFICATE OF DEATH.

E-15430

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 Carroll St.; 21-2 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Nicholas Harold Jr

(Residence in Baltimore: No. 1434 Carroll St. St.; 1 yrs., 3 mos. 19 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED,~~ (Write the word.)
male	white	Single

6-DATE OF BIRTH, July (Month) 11 (Day), 1925 (Year)

7-AGE, 1 yrs. 3 mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS.

10-NAME OF FATHER, Wm H. Harold

11-BIRTHPLACE OF FATHER (State or Country), Balto Co.

12-MAIDEN NAME OF MOTHER Elizabeth Kessler.

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) William H. Harold

(Address) Washington Road

15- Filed NOV 1 - 1926, 191.... Per ROBERTSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October (Month) 30 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 24 1926, to Oct 30 1926, that I saw him alive on Oct 29 1926, and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ....yrs....mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis.

(Duration) ....yrs....mos. ? ds.

(Signed) H. Lawrence Thacker M. D.

Oct 30, 1926 (Address) Lansdowne P.O. Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
New Cathedral Cem	Nov 1, 1926
20-UNDERTAKER	**ADDRESS**
Jos Soerdens Son	2178 Pa

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15431
1-PLACE OF DEATH

90

E, 15431
REGISTERED NO.

City of BALTIMORE: (No. 112 N. Hilton St., 70-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sabra Oram

(a) RESIDENCE NO. 112 N. Hilton St. / Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. Oram

6 DATE OF BIRTH (month, day, and year): Oct 16 1852

7 AGE — Years: 74 — Months: — — Days: 14 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore md

PARENTS

10 NAME OF FATHER Holton

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Mary Rodder

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore md

14 Informant: Mrs. E. Oram

(Address) 114 N. Hilton St.

15 Filed ..... 19.....

OCT 1 - 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 1926, to Oct. 30, 1926, and last saw her alive on Oct. 29, 1926, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis.
Asthenia
Broncho Pneumonia

(duration) .....yrs. .....mos. 37 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) J. Lloyd Johnson, M. D.

. 19 (Address) Frederick & Augusta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

Date of Burial: Nov 2 1926

20 UNDERTAKER: Jos Joerdens Son

ADDRESS: 2173 E. Pra

very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15432

E. 15432

CERTIFICATE OF DEATH.

27-11 90

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 3 Keene Ave (Hamilton) ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emilie Saalbach

(a) RESIDENCE NO. 3. Keene Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3X yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Richard Saalbach

6 DATE OF BIRTH (month, day, and year) Feb 15/1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unkno wn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Richard Saalbach
(Address) 3 -eene Ave

15 Filed . 192 C. [illegible] JONES, M. D. Registrar

By K.P.C.

N1 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Biquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to h.r death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insyffciency (Valvul r)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) History Rheumatism

(duration) yrs. mos. ds.

(Signed) J. S. Paul, M. D.
(Coroner.)

11/1/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Nov. 3 1926
20 UNDERTAKER Frederick Lassahn Sons	ADDRESS Fullerton

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15433

CERTIFICATE OF DEATH.

16-51

E. 15433

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 809 Spedden St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Ernest N. Whitman

(a) Residence No. 809 Spedden St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. M

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie M Whitman

6-DATE OF BIRTH (month, day and year) April 25 98

7-AGE, 28 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Store 066

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, W. Whitman

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, E Wilkinson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14- (Informant) Mrs Bessie M Whitman

(Address) 809 Spedden St

15- Filed ... 192... Per ..... Registrar.

C. ATHERSON JONES, M. D.

VT - 1926

RH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 29 26

17- I HEREBY CERTIFY, That I attended deceased from Oct 10 26 to Oct 29 19 26

that I last saw h.. alive on Oct 29 19 26

and that death occurred, on the date stated above, at 6.20 p. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) Months yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(Duration) Months yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? W Porter

(Signed) W Porter M. D.

10/30/26 19 (Address) 714 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cem	Nov. 1, 1926
20-UNDERTAKER.	ADDRESS
W M Routson	2238 N Howard

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15434

E. 15434

CERTIFICATE OF DEATH.

27-12-90

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 107 E. Hamilton Ave ST. WARD)

2-FULL NAME Samuel Christopher

(a) RESIDENCE NO. 107 E. Hamilton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Christopher

6 DATE OF BIRTH (month, day, and year) May 27/1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER James H. Christopher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER ~~Sarah Read~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md

14 Informant Lula Nichols (daughter)
(Address) 107 E. Hamilyon Ave

15 Filed NOV 1 1926 192 C. FRED JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Walton, M. D.
(Coroner.)

Nov 1/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Nov. 2 1926

20 UNDERTAKER Frederick Loss, Inc. ADDRESS Fulleton

Spec.—1-12-23—M[illegible]—500 Bks.

6389

E. 15435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002

E 15435

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Cook -

(a) RESIDENCE NO. 1512 N. Ellwood ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col -	Married -

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hair Dresser

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Md. -
(State or country)

PARENTS

10 NAME OF FATHER Moses Johnson

11 BIRTHPLACE OF FATHER (city or town) Va -
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Bynes

13 BIRTHPLACE OF MOTHER (city or town) Va -
(State or country)

14 Informant .....
(Address) .....

15 Filed [illegible] 1926 19[illegible] Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1926, to Oct 30, 1926.

that I last saw h[illegible] alive on Oct 30, 1926

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

..... (duration) yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Pentotales, general acute

..... (duration) yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? Hospital patient since admission

Did an operation precede death? Yes Date of Oct. 5. 26

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Warfield M. Firor, M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Nov 3 1926

20 UNDERTAKER Robert W. Williams — ADDRESS 1515 N. Eden St

Cor.—12-9-25—A Co.—200 Bks.

E, 15436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE (No. City Hospital St., 26-1 Ward)

2-FULL NAME Lorenz Zorn 26

(a) RESIDENCE NO. 3816 Foster St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

1846-003

E, 15436

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 3-1891

7 AGE: Years 35 Months 2 Days 25 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chief

(b) General nature of industry, business, or establishment in which employed (or employer): Tomato Canning Factory

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Lorenz Zorn

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Emilie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto Md

14 Informant: Barbara Zorn

(Address): 38 16 Foster Ave

Filed ..... 19..... [illegible] JONES, M. D.

Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 28, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Accident Multiple Fractures, Shock

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

Signed: [illegible] (Coroner) M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Hearts Date of Burial: Nov 1 1926

20 UNDERTAKER: Tillye Zeiler ADDRESS: 407 S. Wolfe St

OV 1-1926

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E, 15437 HEALTH DEPARTMENT—CITY OF BALTIMORE E, 15437

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E Monument St., 10-2 WARD) 124

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Phillips

(a) RESIDENCE NO. 1004 E Monument St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? Dk. yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Phillips

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER George F. Delacy

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary E. Body

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mr. Thomas Phillips

(Address) 1004 E Monument St

15 Filed 1926 Per R.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1926, to Oct 31, 1926

that I last saw her alive on Oct 31, 1926

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. 9 mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive

(Signed) Dr. W. Kennard M. D.

114, 1926 (Address) 708 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL November 3 1926

20 UNDERTAKER Henry Storck Son

ADDRESS 1301 E Eager St

TION IS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

19700

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15438

CERTIFICATE OF DEATH.

124

E, 15438

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-2 ST. WARD)

2-FULL NAME John Gaff

(a) RESIDENCE No. 107 W Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Gaff

6 DATE OF BIRTH (month, day, and year) June 14 1867

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
60 59	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John Gaff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed OCT - 1926 C. HARRISON JONES, M.D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1926, to Oct 31, 1926, that I last saw h[illegible] alive on Oct 31, 1926 and that death occurred, on the date stated above, at 9 15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic cholecystitis

Pylophlebitis

(duration) yrs. 2½ mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Rowe C. Marten M.D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL November 3

20 UNDERTAKER Wendell Duffel & Son

ADDRESS 378 Mnn

Spec.—1-12-23—M&T—500 Blks.

E 15439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 44 E 15439

1-PLACE OF DEATH University Hospital

REGISTERED NO.

CITY OF BALTIMORE: (NO. 41 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Freund

(a) RESIDENCE NO. Ellicott City Md. ST., WARD Ellicott City

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Caroline Freund

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stonemason

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co (State or country) Maryland.

PARENTS

10 NAME OF FATHER Matthew Freund

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Reports (Address)

15 Filed NOV 1 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31/26 19

17 I HEREBY CERTIFY, That I attended deceased from 10/8/26, 19 . to 10/31/26, 19 , that I last saw h alive on 10/31/26, 19 , and that death occurred, on the date stated above, at 6 45 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Acute cardiac dilatation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Metastatic Papillary carcinoma of Bladder (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8/31/26

Was there an autopsy? yes

What test confirmed diagnosis? Operation

(Signed) J. S. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cem. Howard Co. DATE OF BURIAL Nov 4 1926

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

Cor.—12-9-25—A Co.—200 Bks.

E, 15440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15440

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

City of BALTIMORE: (No. 1608 Pratt St. D-V Ward)

2-FULL NAME Tony Makes. 2

(a) RESIDENCE NO. 1608 E Pratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherin Makes.

6 DATE OF BIRTH (month, day, and year) August. 15. 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37.	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy. Mfg.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Greece.

PARENTS

10 NAME OF FATHER Frank Makes.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Greece.

12 MAIDEN NAME OF MOTHER Catherin Makes.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Greece.

14 Informant Father Makes.

(Address) 1608 E. Pratt St. C. HARRISON JONES, M. D.

15 Filed V 1 - 1926, 19

Per K. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Phthisis Flor.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) C. Harrison Jones, M. D.

(Coroner)

(Address) 1438 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Wood Lawn Cemetery. Nov 2. 1926

20 UNDERTAKER — ADDRESS

George L. Ruth 1735 Harford Ave.

very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15441
1-PLACE OF DEATH

90i

E. 15441
REGISTERED NO.

City of BALTIMORE: (No. 1012 S. Sharp St. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Melvin.(C)

(a) RESIDENCE NO. 1012 S. Sharp St. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Widow.

5a If ~~married~~, widowed, ~~or divorced~~
(or) WIFE of Curtis Melvin.(C)

6 DATE OF BIRTH (month, day, and year) February 8, 1858.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	8	21.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) North Carolina.

PARENTS

10 NAME OF FATHER Owen McCoy.(C)
11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina.
12 MAIDEN NAME OF MOTHER Kitty Ann. ----(C)
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina.

14 Informant Semon Melvin.(C) husband.
(Address) 1012 S. Sharp St.

15 Filed ....., 19..... Registrar.

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 29, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)
(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

11/1 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
M. Grim Nov 1926

20 UNDERTAKER — ADDRESS
R. L. Parker 1210 S Sharp

NOV - 1926

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15442

REGISTERED NO. 129 E 15442

1-PLACE OF DEATH

City of BALTIMORE: (No. 35 Alvarado Square St., Harlan 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Herbert Upton Neff.

(a) RESIDENCE NO. 35 Alvarado Square Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Bessie Ray Neff.

6 DATE OF BIRTH (month, day, and year): 1874, June 1,

7 AGE — Years: 52 — Months: 5 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Metal worker

(b) General nature of industry, business, or establishment in which employed (or employer): Brass worker

(c) Name of employer: Md. Brass & metal

9 BIRTHPLACE (city or town):

(State or country): Md. Frederick Co.

PARENTS

10 NAME OF FATHER: Henry Neff.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): New Wash.

12 MAIDEN NAME OF MOTHER: Smelzer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Mrs Bessie Neff

(Address): #37 Alvarado Hamilton

15 Filed ..... 19.....

Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 9, 1926, to Oct 30, 1926, that I last saw h[illegible]alive on Oct 30, 1926, and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Brights

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M.D.

Oct 31, 1926 (Address) 1258 Bayard Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Hill Cemetery — Date of Burial: Nov 2 1926

20 UNDERTAKER: J. E. Edwin Jones Funeral Co — ADDRESS: [illegible] Md

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E, 15443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 001

E, 15443

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Harford Rd - Hamilton 27-11 WARD)

2-FULL NAME Infant Brown

(a) RESIDENCE NO. 632 Harford Rd. Hamilton WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10/31/26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
			20 min	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Chas. F. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Florence Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Florence Brown
(Address) 632 Harford Rd.

15 Filed NOV 1 - 1926 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/31, 1926, to 10/31, 1926, that I last saw h[illegible] alive on 10/31, 1926, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth (8 mos.) -
breech delivery, delayed.

(duration) yrs. mos ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) A. M. Bacon, M. D.

1/1, 1926 (Address) Parkville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cemetery

DATE OF BURIAL Nov. 1 1926

20 UNDERTAKER Israel Syfer

ADDRESS 1600 Harford Ave

C. [illegible] JONES, M. D.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E-15444

E-15444

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 911 Jordan Alley St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Baltimore Lee

(a) RESIDENCE NO. 911 Jordan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7 1922

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	4	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER Robert Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Toney.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Robert Lee

(Address) 911 Jordan alley

15 Filed Oct 1 1926 Registrar

OCT - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31 1926

17 I HEREBY ~~CERTIFY~~ That I took charge of the remains described above, held an Inquest autopsy or inquiry.

Inquest

Jointly and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns Generalized

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

Oct 31 1926 (Signed) C. E. Wade (Coroner) M. D.

(Address) 1431 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Nov 1 1926

20 UNDERTAKER Hamel Easton ADDRESS 966 Pa ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15445

CERTIFICATE OF DEATH.

31 E. 15445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1633 Westwood ave (St.) 15-13 (Ward) Brooklyn

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William

(a) RESIDENCE NO. 1633 Westwood ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Wht	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora L. Bowd

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Shipyard

(c) Name of employer Balto. Copper Smelt Co

9 BIRTHPLACE (city or town) (State or country) N C

PARENTS

10 NAME OF FATHER William Bowd

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Nora Bowd
(Address) 321 N. Townsend

NOV 1 - 1926 Filed

H. ANDERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-30 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1926, to Oct 30, 1926

that I last saw h alive on Oct 30, 1926

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.C.

(duration) yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence of Wife

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. H. Anderson, M. D.

, 19 (Address) 603 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mausoleum N. C.	Nov 1 1926

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pine

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15446
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. E. 15446

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 Ridge Road ST. Washington Blvd WARD)

2-FULL NAME Katherine Maria Duke

(a) RESIDENCE No. 1 Ridge Road ST. Washington Blvd WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of W. Bernard Duke

6 DATE OF BIRTH (month, day, and year) Sept 6 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	55	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph J Turner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Virginia Mumford

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New Market Md

14 Informant W. Bernard Duke
(Address) Ridge Road Mt Washington Md

15 Filed OCT - 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1925, to October 31st, 1926,
that I last saw her alive on October 30th, 1926,
and that death occurred, on the date stated above, at 7.50 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus &
General metastasis

(duration) 1 yrs. 5 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of August 2nd 1926.
(Gastrostomy)

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm H. Perkins. M. D.

, 19 (Address) Rockwell Apt. 1W Tomlin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary Cem Co Md	Nov 2 1926
20 UNDERTAKER	ADDRESS
Henry H Jenkins Son Co	Oakland Md Co Md

IT IS very important. See instructions on

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15447

REGISTERED NO. 90 E 15447

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 N. Wolfe St. St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James C. Fullis

(a) RESIDENCE NO. 503 N. Wolfe st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr - 174

7 AGE: Years 52 Months 6 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Collector

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER Edward Fullis

11 BIRTHPLACE OF FATHER (city or town):

(State or country) City

12 MAIDEN NAME OF MOTHER Ellen Simpson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) City

14 Informant Mary E. Fullis

(Address) 503 N. Wolfe st.

15 Filed NOV 1 - 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 - 1926 19

17 I HEREBY CERTIFY, That I attended deceased from October 28, 1926, to October 30, 1926, that I last saw h.. alive on October 30, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isaac J. Ayd, M. D.

Oct 31, 1926 (Address) 2025 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Brae Cem — Date of Burial: Nov 2 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans st

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

15448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E, 15448

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1081 W. Lexington ST. 18-1 WARD)

2-FULL NAME Emma Heymann

(a) RESIDENCE NO 1081 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Late) John Martin Heymann

6 DATE OF BIRTH (month, day, and year) May 16 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	57	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 037
(b) General nature of industry, business, or establishment in which employed (or employer) Housework +
(c) Name of employer Grocery Store

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER Wm Fischer

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Catherine Fischer
(Address) 1081 W. Lexington St

15 Filed 11-1926 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

Unknown (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Manuel Stookey M. D.
(Coroner.)

1926 (Address) 832 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Nov 2 1926

20 UNDERTAKER Philip Herwig

ADDRESS 2006 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

E, 15449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E, 15449

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. 24-1 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Susanna Streckfus

(a) RESIDENCE NO. 1624 William ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Streckfus

6 DATE OF BIRTH (month, day, and year) Feb 19-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md (State or country)

PARENTS

10 NAME OF FATHER James Merrill

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Mary S. Merrill

13 BIRTHPLACE OF MOTHER (city or town) Balto Md. (State or country)

14 Informant Anna C. Merrill (Address) 4401 Dentworth Rd

Filed OCT - 1926 19 C. MARION JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31st 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-29, 1926 to 10-31, 1926

that I last saw her alive on 10-31, 1926

and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Abdominal Apoplexy + Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 10-29-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) F. L. McAnally, M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Nov 4 1926
20 UNDERTAKER Harry M. Jenkins Sons Co	ADDRESS Gilead & Fulton Sts

CAUSE OF DEATH in plain terms, so that no physician may hesitate to sign certificate. See instructions on back of certificates.

TION is very important.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15450

CERTIFICATE OF DEATH.

E 15450

REGISTERED NO. 90

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. [illegible] St., 76-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Johnson

(a) RESIDENCE NO. BALTIMORE CITY HOSPITALS St. [illegible] Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant City Hospital Records
(Address)

15 Filed [illegible], 19[illegible] C. EARLESON JONES, M. D.
Per Rec'd Registrar

1 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 29 1926

17
I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to October 29, 1926, that I last saw her alive on October 28, 1926, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis
Chronic Myocarditis
Senility
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 5 ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? general & laboratory
(Signed) A. Hooper Smith, M. D.
Oct 30 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Sacred Heart	10/1 1926
20 UNDERTAKER	**ADDRESS**
D J Foley Son	1318 Light St

OF DEATH in plain terms, so that it may be properly classified. Fill all blanks with certainty. Make a separate certificate for each death. Do not use abbreviations or terms of occupation. Be sure to answer every question. Write plainly with pen and ink. Use only black ink. Do not fail to sign certificate. Please read carefully the instructions on back of certificate. Every certificate must be complete and correct in every detail. Omissions cause unnecessary correspondence and delay. Physicians are requested to report cases of death at the earliest possible moment. Information is especially desired as to the exact cause of death in order that the certificate may be of the greatest value

Spec.—1-12-23—M&T—500 Blks.

E 15451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15451

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP. St. [illegible] Ward)

2-FULL NAME Richard Gall

(a) RESIDENCE No. St. Vincents Home St. Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7 mos		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(h) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Keenan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ruth Gall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Friends (Address) .....

15 Filed Oct 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct-13, 1926, to Oct 31, 1926, that I last saw him alive on Oct-30, 1926 and that death occurred, on the date stated above, at 12 M m

The CAUSE OF DEATH* was as follows:

Acute Gastro-Intestinal Indigestion

(duration) ..... yrs. One mos ..... ds.

CONTRIBUTORY (Secondary) Acute otitis media

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Oct 25, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) I. Ridgeway Trimble, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	11/1 1926
20 UNDERTAKER J J Fahey Sons	ADDRESS 1218 Light St

ATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 15452

HEALTH DEPARTMENT—CITY OF BALTIMORE

154-02

E 15452

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 W. Montgomery St. St. 22-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brown. (C)

(a) RESIDENCE NO. 612 W. Montgomery St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) September 25, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Brown. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Marylue Murray. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mary Brown. (C) mother.

(Address) 612 W. Montgomery St.

NOV 1 1926 19 CLAYTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency. congenital.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) H. Holtz Reinhardt M. D. (Coroner)

11/1 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Olivet	Nov 2 1926
20 UNDERTAKER	**ADDRESS**
S. E. Brown & Son	1018 W. Mont

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 1-15453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 1-15453

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2548 Madison Ave. Ward 13-5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannah Solmson

(a) RESIDENCE NO. 2548 Madison Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman Solmson

6 DATE OF BIRTH (month, day, and year): 1847

7 AGE	Years	Months	Days	IF LESS than 1 day..... hrs. or.....min.
	79	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Solomon Fuhr

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mr. M. Solmson

(Address): Lake Shore Apts.

15 [illegible] C. HARRISON JONES, M. D.

Pct. 8 Registrar

1-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/30/1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 20th, 1926, to Oct 30th, 1926, that I last saw h.e alive on Oct 30th, 1926, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) Samuel Weinberg, M. D.

, 19 (Address) 3735 Pk. Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. Date of Burial: 11/2/1926.

20 UNDERTAKER: David Londheim ADDRESS: 115 20 W. Mt. Royal Ave.

Strictly Confidential. Exact statement of OCCUPATION very important. See instructions on back of certificate. Use black ink. Write in plain letters, so that it may be properly copied and readable.

Spec.—12-9-25—A Co.—200 Bks.

E, 15454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15454

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St., 76-7 Ward) X 50

2-FULL NAME Henry Ludwig

(a) RESIDENCE NO. Conowingo Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Penna

PARENTS

10 NAME OF FATHER Charles Ludwig

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) ?

12 MAIDEN NAME OF MOTHER Catharine —

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) ?

14

Informant City Hospital Records

(Address) _____

15 Nov 2 1926 C. HARRISON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 30 1926

17

I HEREBY CERTIFY, That I attended deceased from October 4, 1926, to October 30, 1926, that I last saw h. alive on October 29, 1926, and that death occurred, on the date stated above, at 3.45 A m.

The CAUSE OF DEATH* was as follows:

Multiple Neurofibromatosis
(Von Recklinghausen's Disease)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ....yrs. ....mos. 3 ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? yes Date of 10-19-26

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hoopes Smith, M. D.

Nov 1. 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Brooklyn N. Y. 11 1926

20 UNDERTAKER — ADDRESS

Jack Luris 1437 Eastern Ave

Be sure that every item is correctly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15455

74-001.2

E 15455

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 65 Pulaski St. 20-3 Ward)

2-FULL NAME Philip Shanahan.

(a) RESIDENCE NO. 65 S. Pulaski St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Mirriam Shanahan.

6 DATE OF BIRTH (month, day, and year) March 25. - 1852.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Shanahan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Sarah Griffen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Mr. John J. Shanahan, (Address) 65 Pulaski St.

15 Filed 1 - 1926 C. THOMSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1926, to Oct 30, 1926, that I last saw him alive on Oct 30, 1926, and that death occurred, on the date stated above, at 12.30P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Apoplexy) 2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

19 (Signed) M. O'Neill M. D.

(Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Peter's Cem. Nov. 1926.

20 UNDERTAKER John F. Cowan & Son. ADDRESS 1 Geo P. F. Cowan 901 Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E-15456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E-15456

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1422 Light St St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Bertha Mann

(a) RESIDENCE NO. 1422 Light St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan. 29 - 1889.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 008

(c) Name of employer Margaret J Flynn

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Mann

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Rebel Kreutzer

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore Md

14 Informant Mrs Margaret J Fleming

(Address) 1422 Light St

15 Filed _____ 19____ C. Thompson Jones, M. D. Registrar

1926 Per BCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

October 30-1926

17

I HEREBY CERTIFY, That I attended deceased from October 4, 1926, to October 30, 1926, that I last saw h.er alive on October 30 -, 1926, and that death occurred, on the date stated above, at 10:45 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Acute Uraemia

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G. E. Buxton, M. D.

10/30, 1926 (Address) 301 East Lenox St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. Date of Burial Nov. 2 19 26

20 UNDERTAKER Margaret J. Flynn ADDRESS 1422 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E-15457.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E-15457.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4101 Fernhill Ave. St. 28-1 Ward)

2-FULL NAME Alvina Schneider

(a) RESIDENCE NO. 4101 Fernhill Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Female White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Schneider

6 DATE OF BIRTH (month, day, and year): Dec. 17. 1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81	10	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER Voigt D.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant Louis Schneider

(Address) 4101 Fernhill Ave

15 Filed 1926 C. PARKSON JONES, M. D. Registrar

Per for

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Oct. 30.

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1926, to Oct 30, 1926, that I last saw h.. alive on Oct 28, 1926, and that death occurred, on the date stated above, at 12-30 Noon.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Wm. C. Graham, M. D.

, 19 (Address) 811 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. Date of Burial: Nov. 2. 1926

20 UNDERTAKER: Mrs. John W. Leifels Son ADDRESS: 801 W. Fayette St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. C. Parkson Jones 2nd Asst. Health Officer

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15458

CERTIFICATE OF DEATH.

90

E, 15458

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1603 S Clinton St. 76-8 Ward)

2-FULL NAME Geo Yeager

(a) RESIDENCE NO. 1603 S. Clinton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Yeager

6 DATE OF BIRTH (month, day, and year) March 29. 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder 47

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 16 year

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) M.d.

PARENTS

10 NAME OF FATHER George Yeager

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Seitz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant George Yeager (Son)

(Address) 1603 Clinton St

Filed 19 C. EMERSON JONES, M. D.

1926 By Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. 1 ds.

Signed C. E. Jones M. D.

(Coroner)

Nov 1, 19 (Address) 1431 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Carmel Cemetery	Nov. 3 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc	1710 Fleet St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E, 15459

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E, 15459

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 621 S Ellwood St., 1-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred L. Kommalau

(a) RESIDENCE NO. 621 S Ellwood St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Anna Kommalau

6 DATE OF BIRTH (month, day, and year): May 6th 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Moulder

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant (Mrs Anna Kommalau)

(Address) 624 S Ellwood Ave

15 Nov 1926 C. HARRISON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uterine Cancer.

(duration) ___ yrs. 1 mos. ___ ds.

CONTRIBUTORY (Secondary) Cardiac Asth.

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) C. C. Jones M. D.

Nov 1 , 19 (Coroner) (Address) 1543 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem — Date of Burial: Nov 3 1926

20 UNDERTAKER: Peter Nicolaus — ADDRESS: 2923 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15460

E-15460

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 S. Bentlaw ST. N-6 WARD)

2-FULL NAME Joseph James Peregoy

(a) RESIDENCE NO. 533 S. Bentlaw ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Peregoy

6 DATE OF BIRTH (month, day, and year) March 8-1851

7 AGE Years 75 Months 7 Days 23 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 006

(c) Name of employer Retired U.R.R.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Nelson Peregoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna F Stahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary J. Peregoy

(Address) 533 S. Bentlaw

15 Filed 1-1926, 19 C. THOMPSON JONES, M. D. Registrar

Per K.R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from October 31, 1926, to October 31, 1926, that I last saw him alive on October 31, 1926, and that death occurred, on the date stated above, at 1:10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. H. Isaacs, M. D.

, 19 (Address) 2114 Wilkens ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 11/4 1926

20 UNDERTAKER W. A. Cook

ADDRESS 522 N. Wolfe

TION is very important. See instructions on back of

Spec.—12-9-25—A Co.—200 Blks.

Homewood 6380

Dr Valentine
1117 S. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E. 15461

REGISTERED NO.

E. 15461

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1117 South Kenwood St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma N. Reible

(a) RESIDENCE NO. 1117 S. Kenwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 16

7 AGE: Years 10 | Months 5 | Days 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Thos Wm Reible

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Dora Albrecht

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Dora Reible

(Address) 1117 S. Kenwood

15 Filed Oct 1 1926 C. EMPSON JONES, M. D. Registrar

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26 October 21-26

17

I HEREBY CERTIFY, That I attended deceased from October 18, 1926, to October 20, 1926, that I last saw her alive on October 20, 1926, and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

General Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos L Valentine M. D., M. D.

19 (Address) 14 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls-or Baltimore

Date of Burial: 11/1 19 26

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

Spec.—1-12-23—M&T—500 Bks.

E, 15462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15462

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Cedar ST. Westport 25-431 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick A Becker

(a) RESIDENCE No. 3 Cedar ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Becker

6 DATE OF BIRTH (month, day, and year) Jan 19 - 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labourer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Chesapeake Dredge Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Frances Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co

14 Informant Laura Becker

(Address) 3 Cedar St Westport

15 Filed OCT 31 1926, 19 RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1926

17 I HEREBY CERTIFY, That I attended deceased from March, 1926, to Oct 30, 1926, that I last saw him alive on Oct 30, 1926, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis Pulmonis

(duration) ns yrs. 9 mos. ns ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(duration) ns yrs. ns mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ns Date of —

Was there an autopsy? ns.

What test confirmed diagnosis? Heart Lesions

(Signed) [illegible], M. D.

(Address) Lakeland, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Nov 2 1926

20 UNDERTAKER [illegible] ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15463

CERTIFICATE OF DEATH.

31

E-15463

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5429 Maple Ave 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna Bell Lentz

(a) RESIDENCE NO. 5429 Maple Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Lentz

6 DATE OF BIRTH (month, day, and year) Dec. 3 1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Edward Ford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Ida A. Wyocum 191

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mrs Ida Ford

(Address) 5429 Maple Ave

15 Filed NOV 1 1926 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1925, to Nov 1, 1926, that I last saw h[illegible] alive on Oct 30, 1926, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Curtis Bay

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? microscopic

(Signed) H E Krantz, M. D.

1926 (Address) 1002 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt. Olivet Nov 3 1926

20 UNDERTAKER — ADDRESS

H M Cook 1002 E Fayette

Exact statement of OCCUPATION is properly classified. AGE should be carefully supplied. Certificates. tion should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

NOV 1 1926

Spec.—1-10-21—M&T—1500 Bks.

E, 15464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15464

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. ..... ST., 17-3 WARD)

REGISTERED NO. 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie Byrd Freeland Fox

(a) RESIDENCE NO. 2221 N. Calvert ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James Fox

6 DATE OF BIRTH (month, day, and year) Oct. 1, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or .....min.
	67		30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER James Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Rozalie Byrd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va.

14 Informant (Address) Jame Fox (son) Reese Grove Md.

15 Filed ..... 19 ..... C. THOMPSON JONES, M. D. Registrar

For .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1926 to Oct 31, 1926.

that I last saw her alive on Oct 31, 1926,

and that death occurred, on the date stated above, at 2.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

about
(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Hemorrhage into bowel
of rectum (duration) yrs. 15 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 30, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wm Wilson, M. D.

, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Nov 2 1926
20 UNDERTAKER E. Le Roy Shipley	ADDRESS 1259 North ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

1 - 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15465

CERTIFICATE OF DEATH.

E, 15465

REGISTERED NO._____

1-PLACE OF DEATH Mayer & Ehrlheimer's Store

City of BALTIMORE: (No. Howard St. near Balto. St., 14 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Oppenheim.

(a) RESIDENCE NO. 1209 West North Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Oct. 18th. 1874.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Oppenheim.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Levic

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Gus Oppenheim.

(Address) 1209 W. North Ave.

15 [illegible] 19[illegible] C. HANSON JONES, M. D.

Per C.R.B. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1/ 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel Deale M. D. (Coroner)

, 19 2 (Address) 3325 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cheb Shalom Cemetery Date of Burial 11/3/ 1926

20 UNDERTAKER David Sondheim ADDRESS 115-20 W. Mt. Royal Ave.

DO NOT SIGN IN CARBON. Supplies will be furnished on application. Any attempt to use carbon will result in illegible copies. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 1 - 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15466

E, 15466

CERTIFICATE OF DEATH.

31

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 507 Robert St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William S Johnson

(a) Residence No. 507 Robert St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colrd

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Marguite Johnson

6-DATE OF BIRTH (month, day and year) June 21 1897

7-AGE. 24 yrs. 9 mos. 28 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Barber

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer..... Self

9-BIRTHPLACE (city or town)..... Baltimore
(State or Country),

PARENTS

10-NAME OF FATHER, William S. Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Nettie Hill

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant)..... Nettie Johnson
(Address)..... 507 Robert St

15- Filed..... 192.....
Registrar.

NOV 2 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 30, 1926

17- I HEREBY CERTIFY, That I attended deceased from October 21 19 26 to Oct 30 19 26

that I last saw h... alive on October 30 19 26

and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Reading Pa.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum & Physical

(Signed) Wm A Wright M. D.

1926 (Address) 1209 Preston

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
N.W. Cemetery	Nov 4 1926
20-UNDERTAKER.	ADDRESS
M. M. Jones	1234 Eutaw St.

In plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E, 15467

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15467

CERTIFICATE OF DEATH.

74-021

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1034 N. Lexington St. 18-1 Ward)

2-FULL NAME Elizabeth Chandler

(a) RESIDENCE NO. 1034 N. Lexington St Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Cold	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Chandler

6 DATE OF BIRTH (month, day, and year) Oct 29th 1857

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	68	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER — Bailey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Conn.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Joseph Chandler

(Address) 1034 N Lexington St

15 Filed G. THOMPSON JONES, M. D.

OV2 - 1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypostasis

at once

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Thos. B. Norton, M. D.

(Coroner)

Oct 31st 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel — Date of Burial Nov 2 1926

20 UNDERTAKER John W. Trader — ADDRESS 1027 Hanover

Section should be carefully supplied. Avoid ambiguous terms. If OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15468

REGISTERED NO. 90 E 15468

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2907 Parkwood ave St., 13-5 Ward)

2-FULL NAME Harris Rothstein

(a) RESIDENCE NO. 2907 Parkwood ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther L. Rothstein

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Philip Rothstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Esther L. Rothstein

(Address) 2907 Parkwood ave

15 Filed 19 [illegible] Registrar

NOV 2 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1926, to Nov 1, 1926, that I last saw h.. alive on Nov 1, 1926, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

[redacted] Hemiplegia (Rt side)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) several yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Nathan J. Handsaker, M. D.

, 19 (Address) 3035 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wehrum Rock Rd Date of Burial 11/2 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Monument

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS if under one year. OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E. Norden 5306 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15469 | 129 | E. 15469

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 Pinkney Place St., 12-4 Ward)

2-FULL NAME David E. Myers

(a) RESIDENCE NO. 403 Pinkney Place St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Myers

6 DATE OF BIRTH (month, day, and year) Oct 19, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer P.R.R.

9 BIRTHPLACE (city or town)

(State or country) Va.

PARENTS

10 NAME OF FATHER Benjamin Myers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Fannie Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Mrs Ella Myers

(Address) 403 Pinkney Place.

15 Filed NOV 2 1926 19 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1926

17 I HEREBY CERTIFY, That I attended deceased from August 9th, 1926, to October 30, 1926, that I last saw h. alive on October 30th, 1926, and that death occurred, on the date stated above, at 11:58 a. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard Elzwood M. D.

11/1/1926 (Address) 530 E North avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wirdlawn Date of Burial Nov 2 1926

20 UNDERTAKER J. W. Cook ADDRESS 532 E North Ave

Don should be carefully supplied. AGE should be stated EXACTLY. Any person giving false cause OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15470

CERTIFICATE OF DEATH.

E, 15470

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Pennsylvania Ave St. 15-13 WARD)

2-FULL NAME Mrs Mary E. Offutt.

(a) RESIDENCE No. 2532 Pennsylvania Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (write the word): widowed

6a If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of ~~HUSBAND of~~ John F. E. Offutt

6 DATE OF BIRTH (month, day, and year) June 7 20, 18[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	90	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: John Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Mahood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Martha Clark

(Address) 2532 Penna Ave

15 Filed NOV 2 1926 19.. C. CAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 - , 1926, to Nov 2 , 1926,

that I last saw her alive on Nov 2 , 1926,

and that death occurred, on the date stated above, at 7:45 A m.

The CAUSE OF DEATH* was as follows:

Senile Psychosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Early

(Signed) C. Jones M.D., M. D.

Nov 2, 1926 (Address) 1702 N. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Nov 4 1926

20 UNDERTAKER: Wm Cook Sons

ADDRESS: E. Monu

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15471

CERTIFICATE OF DEATH.

129 E. 15471

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE—(No. St Agnes Hospital 23-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ellen Barry

(a) RESIDENCE No. 1906 S. Charles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (Write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Millard Barry

6 DATE OF BIRTH (month, day, and year) May 11, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo Kirby.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Ellen Frederick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Millard Barry (Address) 1906 S. Charles St.

15 Filed NOV 2 1926, 19 Per C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2, 1926

17

I HEREBY CERTIFY, That I attended deceased from 9-10 . 1926 . to 11-1 . 1926.

that I last saw her alive on 11-1 . 1926 at 1 00 P. m.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

complicating an

Infection Arthritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Diffuse Nephritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) J. Theron Hunter M. D.

(Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL 11/5/1926

20 UNDERTAKER Edwin Cook — ADDRESS 502 E. Monument

Spec.—12-9-25—A Co.—200 Bks.

E, 15472

HEALTH DEPARTMENT—CITY OF BALTIMORE

75-001

E, 15472

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO._____

City of BALTIMORE: (No. _____ St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gittings

(a) RESIDENCE NO. 803 Harlem Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred, Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	-		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Maryland

PARENTS

10 NAME OF FATHER Israel Hughes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER Lucy —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

C. HAMILTON JONES, M. D.

15 Filed NOV 2 1926 19____ Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 29 1926

17

I HEREBY CERTIFY, That I attended deceased from September 27, 1926, to October 29, 1926, that I last saw h.er alive on October 29, 1926 and that death occurred, on the date stated above, at 11 20 P m.

The CAUSE OF DEATH* was as follows:

Residual Hemiplegia (Lft) Monoplegia

Arterial Sclerosis

Hypertension

(duration) ? yrs. ____ mos. ____ ds.

CONTRIBUTORY Bronchopneumonia

(Secondary)

(duration) ____ yrs. ____ mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Sept 29 1926 (Address)

BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Date of Burial Nov 2 1926

20 UNDERTAKER Samuel H. Hensley, M. D. ADDRESS ____

IMPORTANT. The questions should be carefully answered. AGE should be stated properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15473

CERTIFICATE OF DEATH.

16-3 179

E-15473 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Edmondson ST. WARD)

2-FULL NAME Louise Taylor.

(a) RESIDENCE NO. 2826 Edmondson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Wm. G. Taylor

6 DATE OF BIRTH (month, day, and year): March 23 1855

7 AGE — Years: 71 Months: 7 Days: 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James McKelvey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Wm. G. Taylor 2826 Edmondson ave

15 Filed NOV 2 1926 C. [illegible] JONES, M. D. Registrar

FOR [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): OCT 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 27. 1926 to Oct 31. 1926.

that I last saw h[illegible] alive on Oct 31. 1926.

and that death occurred, on the date stated above, at 10.55 P. m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis.
Myocarditis (Chronic).
Chronic nephritis.

(duration) 6. yrs. mos ds.

CONTRIBUTORY (Secondary): Gastro, Enteritis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Michel, M. D.

Nov 2 1926 (Address) 2901 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL: Lorraine — DATE OF BURIAL: NOV 3 - 1926 19

20 UNDERTAKER: Geo W Little — ADDRESS: 1988 EDMONDSON AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—1-12-23—M&T—100

E. 15474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15474

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 E. Eager St ST., 7-2 WARD) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ladislav Pribersky

(a) RESIDENCE NO. 1919 E. Eager St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Pribersky

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Weaver
(b) General nature of industry, business, or establishment in which employed (or employer) Rugs
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Ferdinand Pribersky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Sophia Palir

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Marie Pribersky
(Address) 1919 E. Eager St

15 Filed NOV 2 1926 C. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac failure-probably Myocardial

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John Callin, M. D.
(Coroner.)

11-1-26, 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — DATE OF BURIAL Nov 2 1926

20 UNDERTAKER Frank Evans & Son — ADDRESS 1906 Eastern Ave

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15475

CERTIFICATE OF DEATH.

170 E. 15475

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Died enroute to St. Joseph Hospital ST. 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Robb

(a) RESIDENCE NO. 2832 Hammond Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Robb

6 DATE OF BIRTH (month, day, and year) Jan 19-1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	9	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Patrolman
(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City
(c) Name of employer Police Dept.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Gaetano Robb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Vojtech

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Daisy Robb
(Address) 2832 Hammond Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thoracic Hemorrhage - Pistol wound through left nipple

(Suicide)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Walker, M. D.
(Coroner.)

11/1/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Nov 3 192 6

20 UNDERTAKER Frank Cook & Son — ADDRESS 1906 Bland

TION is very important. See instructions on back of certificate.

Spec.—1-12-25—M&T—500 Blks.

E, 15476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15476

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Conaway ST., 27-1 WARD) 161-501

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Hughes.

(a) RESIDENCE No. 634 Conaway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	colored	infant.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant. pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Hughes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lottie Scott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant parents

(Address)

15 FILED 12-1926, 19 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1 19 26

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 19 26, to Nov. 1, 19 26.

that I last saw him alive on Nov. 1, 19 26

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Elizabeth Sherman, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn Cemetery	11 2 19 26
20 UNDERTAKER Chas. D. Tuchmaker	ADDRESS 637 Pacca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15477

CERTIFICATE OF DEATH.

E 15477

1-PLACE OF DEATH

City of BALTIMORE: (No. 126 N Gaudy St. St. 18 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eldon Wright

(a) RESIDENCE NO. 126 N Gaudy St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mordecai Wright

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Martha F. Taylor

(Address) 126 N. Gaudy St

15 [illegible] 19 C. THOMPSON JONES, M. D.

Per [illegible] Registrar

NOV 2 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Debility

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Nov 2 1926

20 UNDERTAKER Harriet Easton ADDRESS 946 Pa Ave

tion should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E, 15478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15478

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3506 Bank St., 76-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer M Herpich

(a) RESIDENCE NO. 3506 Bank ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna E. Miller

6 DATE OF BIRTH (month, day, and year) April 7—1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	6	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dry Goods Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Henry C. Herpich

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Jane Menckens

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mrs Anna E Herpich
(Address) 3506 Bank St

15 2 - 1926 C. THOMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1926, to Oct 31, 1926,
that I last saw him alive on Oct 31, 1926,
and that death occurred, on the date stated above, at 10 15 a.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
rt lung.

(duration) yrs. mos 5 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) C A Reifschneider M. D.
11/2/1926 (Address) 4939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Nov 3 1926
20 UNDERTAKER John Ulrich	ADDRESS Govr Ogleans St

IMPORTANT: This certificate should be carefully supplied. ACCURATE and COMPLETE answers to the following questions are required by law. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E, 15479

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15479

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital St., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Middleton

(a) RESIDENCE NO. 613 Jasper St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11 1882

7 AGE 43	Years 11	Months 20	Days	If LESS than 1 day, hrs. or min.
44				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work waiter. Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER James Middleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Anna Jervies.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Rena Mitchell Wills
(Address) 613 Jasper St.

15 NOV 2 - 1926 C. THOMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-31 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 25, 1926 to Oct 31, 1926.

that I last saw him alive on Oct. 31, 1926

and that death occurred, on the date stated above, at 9:20 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Acute)

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) J. Butler M D M. D.

10/31, 1926 (Address) 1122 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 11 3 1926

20 UNDERTAKER Katie Williams

ADDRESS 322 Schroeder St

322 Schroeder St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are urged to
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU
TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Love

E, 15480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15480

CERTIFICATE OF DEATH.

125

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. W. P. General Hospital ST., 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliet Lowe

(a) RESIDENCE NO. 2015 Druid Hill ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	76	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant W. P. General Hosp. Records
(Address)

15 10 - 1926 C. THOMPSON JONES, M. D.
19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/29 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/15, 1926, to 10/29, 1926,

that I last saw him alive on 10/26, 1926;

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 10/26/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Path

(Signed) Bruce L. Jensen M. D.

(Address) W P G Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 11/2 1926

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill ave

mation should be carefully supplied. AGE should be stated EXACTLY. If LESS than 1 day, hours or minutes must be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25.—A Co.—200 Bks.

E, 15481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E, 15481

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2009 Druid Hill Av St., 14-1 Ward)

2-FULL NAME Lucretia F. Jenkins

(a) RESIDENCE NO. 2009 Druid Hill Av Ward

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C. Henry Jenkins

6 DATE OF BIRTH (month, day, and year) ? 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER John Loveday

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant C. Henry Jenkins

(Address) 2009 Druid Hill Ave

15 Filed 1926 C. CARLYSON JONES, M. D.

Per RRR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 30 1926

17

I HEREBY CERTIFY, That I attended deceased from October 10 1926, to October 30 1926,

that I last saw her alive on Oct 30, 1926,

and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) yrs. 1 hr mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCord, M. D.

11/1, 1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial 11/31 1926

20 UNDERTAKER Wm. Geo. E. Holland ADDRESS 1631 Druid Hill Ave

V2

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E, 15482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E, 15482

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Mulberry ST. 18-1 WARD)

2-FULL NAME Mamie Plowden Conguest

(a) RESIDENCE NO. 907 Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Conguest

6 DATE OF BIRTH (month, day, and year) Jan. 23, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) domestic 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oak Hall, Va.

PARENTS

10 NAME OF FATHER Alex. Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Beatice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Helen Wharton Clark

(Address) 907 Mulberry St

15 Filed NOV 2 - 1926 C. THOMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25 1926 to Oct 31 1926.

that I last saw her alive on Oct 30 1926,

and that death occurred, on the date stated above, at 12:25 a. m.

The CAUSE OF DEATH* was as follows:

Aortic incompetency

(duration) yrs. 4 mos 6 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs & symptoms

(Signed) J. F. Shemwell, M. D.

Oct. 31, 1926 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL: 11-3 1926

20 UNDERTAKER: George T. A. Gibson — ADDRESS: 1735 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and others CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15483

CERTIFICATE OF DEATH.

166

E, 15483

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jno A Selby (John Anderson Selby)

(a) RESIDENCE NO. 712 N. Eutaw St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth K. Robinson Selby

6 DATE OF BIRTH (month, day, and year): Nov 10-1901

7 AGE — Years: 24 — Months: 11 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Photographer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: — Self

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Jno A Selby

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Alice D Terrell

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: D. Terrell Selby

(Address): 39 Maple Court Brooklyn N.Y.

15 Filed: Nov 2 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Caused by Hydrocephaloid

1 week (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

Oct 31 (Signed) Norman Kelly M. D.

, 19 26 (Address) 1649 Bway (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem Date of Burial Nov 2 1926

20 UNDERTAKER: Wm J Tuckerton ADDRESS: N. Y Ave

V2

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA... is very important. See instructions on back of certificate.

E, 15484

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001

E, 15484

REGISTERED No. C .....

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2313 Avalon Ave ST.) 13-5 (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Florence B. Steele

(Residence in Baltimore: No. 2313 Avalon Ave St.; 59 yrs. 9 mos. 18 ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan. 13, 1867 (Month) (Day) (Year)

7 AGE: 59 yrs. 9 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9 BIRTHPLACE (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Lawrence Rice

11 BIRTHPLACE OF FATHER (State or country): France

12 MAIDEN NAME OF MOTHER: Catherine Kenwright

13 BIRTHPLACE OF MOTHER (State or country): Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Joseph H. Steele

(Address) 2313 Avalon Ave.

15. C. HAMPSON JONES, M. D.

Nov 2 - 1926 Dated ....., 191.... Per .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 1 (Month) (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 '26, 191.., to Nov 1 '26, 191..,
that I saw h.. alive on October 31, 1926,
and that death occurred, on the date stated above, at 3:30 P.M.
The CAUSE OF DEATH* was as follows:

Coronary Embolism

4

(Duration) ..... yrs. ..... mos. ..... ds

Contributory (SECONDARY) Cerebral Embolism

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) Clarence Hart M. D.

Nov 2, 191.. (Address) 1 E. Lexington St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Nov 3, 1926

20 UNDERTAKER: Wm. J. Fichter Sons ADDRESS: Hotel La

B. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E, 15485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15485

CERTIFICATE OF DEATH.

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Park Ave. WARD 11-2)

2-FULL NAME Drew Joyce

(a) RESIDENCE No. 910 Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Joyce

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Joyce

(Address) 910 Park Ave.

15 Filed 1926 C. THOMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31st 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 18th 1926, to Oct. 31st 1926, that I last saw h alive on Oct. 30, 1926 and that death occurred, on the date stated above, at 9 A.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Infirmities from old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. Lee Thom, M. D.

(Address) 924 Mass. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral St.	11/2/26
20 UNDERTAKER Mrs. M. Elliott	ADDRESS 1727 Ashland Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

V2

Spec.—1-12-23—M&T—500 Blks.

E,15486 HEALTH DEPARTMENT—CITY OF BALTIMORE E,15486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPI ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Aspinwall

(a) RESIDENCE NO. 919 Myrtle Ave - Sanford Fla ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Murray C. Aspinwall

6 DATE OF BIRTH (month, day, and year) Apr. 27-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York (State or country)

PARENTS

10 NAME OF FATHER Daniel Holloway

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Lois Hickney

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 NOV 2 - 1926 C. PARKSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1926, to Oct. 31, 1926, that I last saw her alive on Oct. 31, 1926 and that death occurred, on the date stated above, at 5:55 a.m.

The CAUSE OF DEATH* was as follows:

Heart failure.

(Carcinoma of Bladder) (Over)

2 hrs. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Post-Operative shock.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 30, 1926

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Laurence D. Smith, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sanford Florida — DATE OF BURIAL Nov 2, 1926

20 UNDERTAKER Richard F. Curley — ADDRESS 808 4 Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is very important See instructions on back of certificates.

Spec.—1-12-26—(MAT.—500 Bks.

E, 15487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15487

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 26-9 35 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Gregory

(a) RESIDENCE No. Colgate Trail ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) bd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Stanley Gregory

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Julia Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Nov 2 1926 C. ANDERSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 21 1926, to Nov 1 1926,

that I last saw h alive on Nov 1st 1926

and that death occurred, on the date stated above, at 10:5 P. M.

The CAUSE OF DEATH* was as follows:

Otitis media,

Abscess of brain (origin untermined)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? (Abscess incised) Date of 10/28/26

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Thomas W Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	Nov 2 1926
20 UNDERTAKER Zirkler + Zirkler	ADDRESS 1739 E. Eager St.

12 - 1926 Per [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. If CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15488

CERTIFICATE OF DEATH.

123 E-15488

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 218 S. Fifth ST. N-6 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Knobel

(a) RESIDENCE NO. 218 S. Fifth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Lawrence Knobel

6 DATE OF BIRTH (month, day, and year) Jan-18-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Loeschel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Fredericka Whitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. Lawrence Knobel

(Address) 218 S. Fifth St.

15 Filed 19 C. WILSON JONES, M. D. Registrar

1926 Per RPS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1926, to Oct 30th 1926.

that I last saw h Oct alive on Oct 30th, 1926.

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Coli Stones

Cancer of Stomach

(duration) yrs. , mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Rieser, M. D.

Oct 31, 1926 (Address) 1507 E. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Cemetery Stemmers Run — DATE OF BURIAL Nov. 3 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2

Spec.—1-12-23—M&T—500 Bks.

E. 15489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15489

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Rutland ave ~~St.~~ 7-1 WARD)

2-FULL NAME Rosa Davis

(a) RESIDENCE No. 1025 Rutland ave ~~St.~~ WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, ~~or divorced~~ (or) WIFE of Wm. H. Davis

6 DATE OF BIRTH (month, day, and year) Feb 22- 1851

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	75	9 8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John F. Betz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Wm. H. Davis, Jr. (Address) 2512 Eager Place

15 Filed ..... 19 ..... Registrar

V2 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1926, to Oct. 31, 1926, that I last saw h[illegible] alive on Oct. 30, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of none

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) S. Lee Wagner M. D.

11/1, 1926 (Address) 1206 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews Cemetery — DATE OF BURIAL Nov. 4 1926

20 UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E. Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E. 15490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15490

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bank + Milton Ave. (Lakeland St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustino Lamanna

(a) RESIDENCE NO. Bank + Milton Ave Lakeland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carmella Lamanna

6 DATE OF BIRTH (month, day, and year) Aug. 24-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone-Mason

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Gaetonio Lamanna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Charles P. Lamanna

(Address) Bank + Lakeland Ave (Lakeland)

15 Filed , 19 Registrar

NOV 2 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 31, 1926, to Nov 1, 1926, that I last saw he alive on Oct 31, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Bright Disease

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Kidneys

(Signed) R. Urgland, M. D.

Nov 2, 19 26 (Address) Lakeland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cem.	Nov 4 1926

20 UNDERTAKER Zirkler + Zirkler

ADDRESS 1739 E Eager st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15491 | CERTIFICATE OF DEATH. | E, 15491

1886 003

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial St. 2200 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Kreitzburg

(a) RESIDENCE NO. 15 Eugleside Rd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27-1897

7 AGE: Years 29 | Months 0 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Eckhart Mines

(State or country): Md

PARENTS

10 NAME OF FATHER Henry Kreitzburg

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Eckhart Mines Md

12 MAIDEN NAME OF MOTHER Minna Kalejian

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Eckhart Mines Md

14 Informant: William Kreitzburg

(Address): Eckhart Mines Md

15 Filed _____, 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h____ death on the day stated above.

THE CAUSE OF DEATH* was as follows: Injuries from Auto Accident

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____ M. D. (Coroner)

11/2, 19 26 (Address) 8632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland Md — Date of Burial 11/2 1926

20 UNDERTAKER: Wm Cook — ADDRESS 502 E North

N. B.—WRITE PLAINLY, WITH UNFADING INK—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 2 1926

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15492 + 91-001 E, 15492

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME John G. Rawson

(a) RESIDENCE NO. Elyra Ohio ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence H. Rawson

6 DATE OF BIRTH (month, day, and year) Mar 19/1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	7	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Henry V. Rawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Elnora Davies

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan

14 Informant Florence Rawson
(Address) Elyra Ohio

15 Filed NOV 3 1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Failure
(Died under operation for sinus affection)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] (Coroner.), M. D.

11/2/26, 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Elyria Ohio	Nov 5 1926
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W Fayett

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15493

CERTIFICATE OF DEATH.

E. 15493

66

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apartments Charles & 31st ST. 12-3 WARD)

2-FULL NAME Hester R. Spice

(a) RESIDENCE NO. Charles & 31st. ST., S WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur F. Spice

6 DATE OF BIRTH (month, day, and year) July 29, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel W. Regester

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Clara Church

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Edward C. Regester
(Address) Charles & 31st. Sts.

15 Filed NOV 3 - 1926, 19.... R. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-1 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 1926, to 11-1, 1926, that I last saw h[illegible] alive on 10-29, 1926, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) — yrs. — mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John L. Dorsey, M. D.

, 19 (Address) 1129 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	11/3 1926
20 UNDERTAKER	ADDRESS
Henry H. Mears and Son	805 E. Calvert St

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E, 15494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15494

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 76-5 St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Luther Wayman

(a) RESIDENCE NO. 101 East St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Wayman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed NOV 3 - 1926, 19 . . . . . Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31 1926

17

I HEREBY CERTIFY, That I attended deceased from October 29, 1926, to October 31, 1926, that I last saw h.. alive on October 31, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Chronic Myocarditis & Insufficiency

Carcinoma of Stomach ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure ?

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & Laboratory

(Signed) R. Hoopes Smith, M. D.

Nov 1, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem. Date of Burial: 11/3 1926

20 UNDERTAKER: Byron Wright-McElderry Co. ADDRESS 1218

N. B.—WRITE PLAINLY, WITH UNFADING INK—This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 15495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 15495

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Liberty Heights Ave ST. (or WARD) 15-2

2-FULL NAME Elizabeth N. Jarrett

(a) RESIDENCE NO. 3202 Liberty Heights Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Asbury Bond Jarrett

6 DATE OF BIRTH (month, day, and year) Dec 7 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

PARENTS

10 NAME OF FATHER John Galloway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Osmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Bernard Laughlin (Address) 3202 Liberty Heights Ave

15 Filed Nov 2, 1926 C. P. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1923, to Nov 1, 1926,

that I last saw her alive on Oct 31, 1926,

and that death occurred, on the date stated above, at 4 20 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

about 3

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. H. Nuvall, M. D.

Nov 1, 1926 (Address) 1517 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount DATE OF BURIAL Nov 3 1926

20 UNDERTAKER Edw O'Mitchell ADDRESS 1211 N Gay St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15496 — 128 — E 15496

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estelle Downs.

(a) RESIDENCE NO. 1215 High Alley St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Wid.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina
(State or country)

PARENTS

10 NAME OF FATHER William Howard

11 BIRTHPLACE OF FATHER (city or town) North
(State or country) Carolina

12 MAIDEN NAME OF MOTHER Maybell -

13 BIRTHPLACE OF MOTHER (city or town) North
(State or country) Carolina

14 Informant Estell Downs
(Address) 1529 Orleans St

15 Filed NOV 3 - 1926 19 (C.) JASON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Oct. 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1926, to Oct. 30, 1926, that I last saw h- alive on Oct. 30, 1926, and that death occurred, on the date stated above, at 6 00 p m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ....yrs. 1 mos. ....ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ....yrs. ....mos. 2 ds.

18 Where was disease contracted
If not at place of death Home

Did an operation precede death? No Date of

Was there an autopsy? yes Autopsy

What test confirmed diagnosis?

(Signed) W Blycker, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Laurel cemetery	Nov 8 1926
20 UNDERTAKER	ADDRESS
Edward Bryan	1691 orleans st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15497

CERTIFICATE OF DEATH.

89 E-15497

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Augusta Avenue ST., 90-1 WARD)

2-FULL NAME Violet M. O'Keeffe

(a) RESIDENCE No. 101 Augusta Avenue ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. O'Keeffe

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Samuel S. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie M. Simpson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster, Penna.

14 Informant Carrie M. Keeney
(Address) Frederick & Beechfield Ave.

15 Filed NOV 3 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from 7/25, 1923, to 11/1, 1926, that I last saw her alive on 11/1, 1926, and that death occurred, on the date stated above, at 10.55 p m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis cum Hypertension

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms

(Signed) D. T. Alagia M. D.

(Address) 3326 Frederick Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov. 3 1926

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 W. Balto St.

N. B. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15498

CERTIFICATE OF DEATH.

REGISTERED NO. E. 15498

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1030 N Mount St. 16-6 Ward)

2-FULL NAME Hyla Ruff

(a) RESIDENCE NO. 1030 N Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1922

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ga to

PARENTS

10 NAME OF FATHER Ernst Ruff

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Lee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Margaret Ruff

(Address) 1030 Mount St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1926

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Thrombosis Coronary

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Contusion

(duration) yrs. mos. ds.

(Signed) G. E. Hall M. D.

Nov 3 1926 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn	Nov 3 1926

20 UNDERTAKER John H. Tradin ADDRESS 1627 Pennsylvania Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 3 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15499

CERTIFICATE OF DEATH.

46 E. 15499

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 Royston Avenue, Hamilton ST. 27-11 WARD)

2-FULL NAME LAURA V. EDER,

(a) RESIDENCE NO. 3 Royston Ave., Hamilton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benedict J. Eder

6 DATE OF BIRTH (month, day, and year) Sept. 22nd. 1860

7 AGE	66 Years	1 Months	9 Days	If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County, Maryland.

PARENTS

10 NAME OF FATHER Joseph E. Timmons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Maryland

12 MAIDEN NAME OF MOTHER Sarah E. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Virginia

14 Informant Benedict J. Eder.

(Address) 3 Royston Ave., Hamilton

15 Filed ....., 19.... Registrar

C. WATSON JONES, M. D.

NOV 3 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 1, 19 26.

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 19 25. to Nov 1, 19 26.

that I last saw h[illegible] alive on Nov 1, 19 26.

and that death occurred, on the date stated above, at 9:50 P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion from Cancer

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

11/ , 19 26 (Address) 42 N Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Nov. 4, 19 26.

20 UNDERTAKER: Frederick Lessahn & Son.

ADDRESS: Fullerton, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15500

E 15500

STILL BIRTH No. 1602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 324 S Chester St. 1st Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophie Mazan

(a) RESIDENCE NO. 324 S Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 2 - 26

7 AGE	Years	Months	Days	IF LESS than 1 day 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Robert Mazan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER A. Kuta

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Robert Mazan

(Address) 324 S Chester

Filed 1926 C. H. [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2. 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 2 19 26 to Nov 2 19 26

that I last saw h... alive on Nov 2. 19 26

and that death occnrred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Acute Otitis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Klyszek M. D.

19 (Address) 1933 Ft Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Stanislaus Nov 3 1926

20 UNDERTAKER — ADDRESS

J. F. Ozazewski 1930 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 3 - 1926

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 15501

REGISTERED NO. E 15501

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 W. Madison ST., 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William James Johnston

(a) RESIDENCE NO. 2224 W. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Mary Catherine

6 DATE OF BIRTH (month, day, and year) Aug 2nd 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	70	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work florist

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. Bethlehem New York

PARENTS

10 NAME OF FATHER Wm Jas Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER — Beggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Robt W. Johnston

(Address) 811 Howard St

Filed 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1926, to Oct. 31, 1926, that I last saw him alive on Oct. 31, 1926, and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of neck, Oesophagus and Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Tongue

(duration) Two yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & Laboratory

(Signed) M. Blank, M. D.

Oct 3, 1926 (Address) 1130 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loane's Presbyterian	Nov. 3rd 1926
20 UNDERTAKER Henry H. Jenkins Sons Co	ADDRESS Mulberry & Orchard Sts.

CAUSE OF DEATH to plainly written, typewritten or printed. See instructions on back of certificates. TION is very important.

OV3 1926 K/L

Spec.—1-10-21—M&T—1500 Bks.

E. 15502 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E. 15502

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-1 WARD)

2-FULL NAME Alfred S Niles

(a) RESIDENCE NO. Greenway Apt. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs Alfred S Niles

6 DATE OF BIRTH (month, day, and year) 05 28 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer-Judge

(b) General nature of industry, business, or establishment in which employed (or employer) Court

(c) Name of employer

9 BIRTHPLACE (city or town) St Louis (State or country) Missouri

PARENTS

10 NAME OF FATHER Henry E Niles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Jennie Wiosh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Massachusetts

14 Informant Patient (on admission) (Address) Greenway Apts Charles St

15 Filed NOV 3 1926 19 H. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 22 , 1926 , to Nov 2 , 1926 , that I last saw h/m alive on Nov 2 , 1926 , and that death occurred, on the date stated above, at 3 12 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? Yes Date of Oct 26 26

Was there an autopsy? Partial

What test confirmed diagnosis? None

(Signed) Irvin Olds Taylor M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation Loudon Park

DATE OF BURIAL 11-3 1926

20 UNDERTAKER Henry Wm. Junkins Son Co

ADDRESS Orchard & Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of conditions on back of certificates.
TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15503

123 V

13-5

E, 15503

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2425 Woodbrook Ave St., 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Rauch

(a) RESIDENCE NO. 2425 Woodbrook Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Rauch

6 DATE OF BIRTH (month, day, and year) June 2 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. W. Fullerton

(Address) 2425 Woodbrook Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Oct. 31

17

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1926, to Oct 31, 1926, that I last saw h.. alive on Oct 30, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Gall Stones

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Jaundice

(duration) 1 yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Freed, M. D.

11/1, 1926 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cemetery	Nov. 3 1926.

20 UNDERTAKER William Offutt, Sr. ADDRESS 3855 Monastery Ave.

tion should be carefully supplied. Avoid abbreviations. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15504

CERTIFICATE OF DEATH.

4 E. 15504

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 E Madison ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Collier

(a) RESIDENCE NO. 2719 E Madison ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Collier

6 DATE OF BIRTH (month, day, and year) May 22, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	5	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

PARENTS

10 NAME OF FATHER Andrew Bauman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant George Collier (Address) 2719 E Madison

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 13 1925 to Jan 1 1926

that I last saw her alive on Jan 1. 1926.

and that death occurred, on the date stated above, at 3-20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rt Breast;

Metastasis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Dec 1925

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thos Finley, M. D.

, 19 (Address) 1938 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Jan 4 1926

20 UNDERTAKER John Ulrich

ADDRESS 2005 Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation and residence is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15505

CERTIFICATE OF DEATH.

170 E 15505

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of BALTIMORE: (No. 231 S Robinson St., 14 Ward)

2-FULL NAME John W Schwarz.

(a) RESIDENCE NO. 231 S Robinson St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schwarz.

6 DATE OF BIRTH (month, day, and year) Mar 25-1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bank Messenger
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Chas E Schwarz
(Address) 231 S Robinson St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Nov 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Gun Shot wound Skull

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) G C Blade, M. D.
(Coroner)
Nov 3, 19 (Address) 1413 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem Date of Burial Nov 4 1926

20 UNDERTAKER John Merrick ADDRESS 208 Orleans

tion should be carefully supplied. All items should be answered. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co—200 Bks.

E. 15506 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001 E. 15506

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hebrew Incurable Home

City of BALTIMORE: (No. 2100 E. Baltimore St. 15-3 Ward)

2-FULL NAME Joseph Cohen

(a) RESIDENCE NO. 2602 Violet Avenue St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Cohen

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. St.

15 Filed NOV 3 1926, 19____ [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 2nd, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from May 2 1926, to Nov 2 1926,

that I last saw h.. alive on Nov 2 1926,

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

cerebral Hemorrhage

(duration) ____ yrs. 1 mos. ____ ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) 6 yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) 1810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
Hebrew Friendship Cem	11/3/26
20 UNDERTAKER	**ADDRESS**
Jack Lewis	1439 E Balto

tion should be carefully supplied. Avoid abbreviations. Write plainly with ink. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15507 1803 E-15507

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital or Driveway St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Solomon McIver

(a) RESIDENCE NO. 1444 ~~Eastern Ave~~ Marlon St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6 DATE OF BIRTH (month, day, and year) 3 1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) N C

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Samuel Keys

(Address) 1444 Marlon St.

Filed NOV 3 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30th 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull and injuries to head & body

Caused by having been struck by auto while a pedestrian

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

Nov 4 (Signed) W. Wheeler M. D.

(Coroner)

, 1926 (Address) 1499 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Laurel	11/3/1926

20 UNDERTAKER	ADDRESS
Chas H. Alexander	408 Druid Hill

tion should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15508

CERTIFICATE OF DEATH.

90 E, 15508

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Home of Md. 16-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Catherine Elizabeth Cook

(a) RESIDENCE NO. 822 N. Carrollton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) DEC 13th 1857.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, husiness, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John George Cook.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Margaret Dietz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of home

(Address)

15 Filed NOV 3 1926 C. E. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2nd 1926

17

I HEREBY CERTIFY, That I attended deceased from June, 1926, to Nov 2, 1926, that I last saw h[illegible] alive on Nov 1, 1926, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) 6 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lemmerman M. D.

11/2 1926 (Address) 826 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 4 1926
20 UNDERTAKER Chas. F. Black.	ADDRESS 742 W Lombard

CAUSE OF DEATH in plain terms, so that it may be understood by any one reading the certificate. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15509

CERTIFICATE OF DEATH.

162

E-15509
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Belt St. ST. 24-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Milton Z. & Nilda Johnson

(a) RESIDENCE No. 1732 Belt ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. dys.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11.3.26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or 20 min.
	—	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Milton Z. Johnson

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Nilda Jeffries

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

14 Informant Milton Z. Johnson
(Address) 1732 Belt St.

15 Filed 19 Registrar

NOV 3 - 1926 Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11.3.26. 19

17
I HEREBY CERTIFY, That I attended deceased from On 11.3.26 19 to 19
that I last saw h alive on 11.3.26 19
and that death occurred, on the date stated above, at 1.14 A m.
The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum.

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Philip B. Fowler M. D.
11.3.26 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Nov. 3, 1926

20 UNDERTAKER A. Howard Evans ADDRESS 386 Fontaine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of disease is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15510

CERTIFICATE OF DEATH.

66 E-15510

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4 Cooks Ct. St., 3-2 Ward)

2-FULL NAME William H. Ford

(a) RESIDENCE NO. 7 Cooks Court St. — Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored.	Married

3a If married, widowed, or divorced (or) WIFE of Mattie Ford

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond

(State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Ford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Richmond Va

14 Informant Mattie Ford

(Address) 1628 E. Biddle St. C. H. McGUINES, M. D.

15 Filed NOV 3 1926 19 Del Registrar

Prague. R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1926

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Conflagration

(Duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

18 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cushing Cem Date of Burial Nov 3 1926.

20 UNDERTAKER Wendell J Hippel ADDRESS 310 S Eden St

tion should be carefully supplied. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15511

CERTIFICATE OF DEATH.

10 E, 15511

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 702 Vine St. St., 4-1 Ward)

2-FULL NAME Alma Jones

(a) RESIDENCE NO. 702 Vine St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-11-1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer _____

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Frank Jones

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Claudine O'Walker

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va

14 Informant (Address) Claudine Jones 702 Vine St. Balto.

15 Filed _____, 19 26 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

11 - 3 - 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-28 1926, to 11-3 -, 1926, that I last saw h[illegible] alive on 11 - 2 -, 1926 and that death occurred, on the date stated above, at 2.10 A.M.

The CAUSE OF DEATH* was as follows:

Diphtheria

(duration) ____ yrs. ____ mos. 11 ds.

CONTRIBUTORY (Secondary) may a cardiac

(duration) ____ yrs. ____ mos. 4 ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) [illegible] M. D.

11-3 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetry Date of Burial: Nov 4, 26

20 UNDERTAKER: Leonard Whalen Co ADDRESS: Myrtle Ave

tion should be carefully supplied. Exact statement of OCCUPATIONS
OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS
very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15512

CERTIFICATE OF DEATH.

90 E-15512

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 955 D. Hill St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME August. Bloomfield

(a) RESIDENCE NO. 955 D. Hill St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): S. C.

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): unknown

14 Informant: Rosie Hilton

(Address): 955 Druid Hill Ave.

15 Filed ..... 19..... Registrar

NOV 3 - 1926

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(Duration) ..... yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(Duration) ..... yrs. ..... mos. ..... ds.

Oct 31 (Signed) ..... M. D.

(Coroner)

1926 (Address) 1436 Boreg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — Date of Burial: Nov 4 1926

20 UNDERTAKER: Lenard Whalen — ADDRESS: 36 Martha Ave

Exact statement of OCCUPATION is necessary. Avoid use of general terms. Do not state "laborer," "housework," "clerk," "factory," "manufacturer," or "dealer" without stating what kind of work is done, what is manufactured or dealt in. Infant should be carefully classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Be properly classified.

Spec.—12-9-25—A Co.—200 Bks.

E 15513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 E.U.

E 15513

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2513 E Biddle St. 8-4 Ward)

2-FULL NAME Michael Saffa

(a) RESIDENCE NO. 2513 E Biddle St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 3/26

7 AGE — Years | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country) Md

PARENTS

10 NAME OF FATHER John Saffa

11 BIRTHPLACE OF FATHER (city or town) Balti
(State or country)

12 MAIDEN NAME OF MOTHER Lula Hladky

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14
Informant Lula Saffa
(Address) 2513 E Biddle St

15 NOV 3 1926 C. MATTHESON JONES, M. D.
For ACC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 3 26

17
I HEREBY CERTIFY, That I attended deceased from Nov 3 26, to Nov 3 26,
that I last saw h[illegible] alive on Nov 3 26,
and that death occurred, on the date stated above, at 3 30A m.

The CAUSE OF DEATH* was as follows:
Postmature Birth

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(Secondary)

_____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rypard M. D.
Nov. 3 26 (Address) 800 N Bentalou

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Nov 4 1926

20 UNDERTAKER: Hunt Coach Co — ADDRESS: 1900 Ward

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15514

CERTIFICATE OF DEATH.

113 E-15514

1-PLACE OF DEATH

City of BALTIMORE: (a) Glenmore & Reisterstown Road

REGISTERED NO.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret L. Babylon

(a) RESIDENCE NO. Glenmore & Reisterstown Road

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 26 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Howard Babylon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Alice Steele

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Alice Babylon

(Address) Glenmore Ave

NOV 3 1926 19 KCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1926, to Nov 3, 1926, that I last saw her alive on Nov 2, 1926, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

from History about 6 week

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia about 5 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S. Tisdell, M. D.

Nov 3, 1926 (Address) 2220 Harmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Marys Hampden Nov 5 1926

21 UNDERTAKER — ADDRESS

Chenowith & Son 3417 Chestnut Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15515

CERTIFICATE OF DEATH.

E, 15515

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Md. G. B. G. Hospital 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William C. Schmidt (Schmit)

(a) RESIDENCE NO. 942 W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Schmidt

6 DATE OF BIRTH (month, day, and year) Aug 4. 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	2	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis Loewenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Laura Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Frank H. Schmidt (Address) 942 W. Franklin St

15 Filed 3-1926, 192 C. PATTERSON JONES, M. D. Per RPS Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Self Induced Abortion (duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia (duration) yrs. mos. 1 ds.

Nov 3/26 (Signed) G. C. Sailer, M. D. (Coroner) 192 (Address) 143 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL 11/5 192 6

20 UNDERTAKER W. H. Cook ADDRESS 607 E Baltimore

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E. 15516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002-

E. 15516

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 910 South Pace ST. 21-3 WARD)

2-FULL NAME Sarah E. Schriver

(a) RESIDENCE NO. 910 South Pace ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jacob Schriver

6 DATE OF BIRTH (month, day, and year) 3-13-47

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ld Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Tracey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Anna Schriver

(Address) 910 S. Pace St.

15 Filed ..... 19 ..... Per ..... Registrar

C. MARSHALL

3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1—1926

17

I HEREBY CERTIFY, That I attended deceased from July ....., 1926, to Nov 1st, 1926

that I last saw h.. alive on Oct 29- , 1926

and that death occurred, on the date stated above, at 2P. m.

The CAUSE OF DEATH* was as follows:

Senile Decay -

(duration) — yrs. 4 mos ~ ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) ..... yrs. ~ mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

11/2, 1926 (Address) 617 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 19

20 UNDERTAKER Wm Cook

ADDRESS 502 E Balt

CAUTION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15517

REGISTERED NO. E, 15517

1-PLACE OF DEATH

City of BALTIMORE. (No. 1019 N Boyd St., 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah M Gibson

(a) RESIDENCE NO. 1019 N Boyd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sidney A. Gibson

6 DATE OF BIRTH (month, day, and year): Feb 12. 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant: Essie M Gibson

(Address) 1019 N Boyd St

15 Filed ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1925, to Nov. 2, 1926, that I last saw h[illegible] alive on Nov. 1, 1926, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial Insuf-ficiency (duration) yrs. mos. 15 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs

(Signed) W. A. Triplett, M. D.

, 19 (Address) 1324 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial Nov 6 1926

20 UNDERTAKER: W M Cook ADDRESS 527 E Fayette

13 - 1926

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Blks.

E. 15518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15518

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Clinton St., 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Smith

(a) RESIDENCE No. 1117 S-Kenwood ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Smith

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in whicl employed (or employer) 040
(c) Name of employer Barber Chem. Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Dina Reibler
(Address) 117 S. Kenwood Ave

15 Filed NOV 3 1926, 192 Per RPH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos 1 ds.

Exhaustion

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

(Signed) G. C. Yates, M. D.

Nov 3 1926, 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudenmans Chem

DATE OF BURIAL 11/5 1926

20 UNDERTAKER W. H. Cook

ADDRESS 502 E Northern

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15519

REGISTERED NO. E, 15519

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3213 Pudmont Ave St. 15-6 Ward)

2-FULL NAME Maggie E Emerson

(a) RESIDENCE NO. 3213 Pudmont Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of James E Emerson

6 DATE OF BIRTH (month, day, and year) June 2, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas F Keafe

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto Md

14 Informant Nellie G Harris

(Address) 3213 Pudmont Ave

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1926

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1926, to Nov 2, 1926, that I last saw h.r alive on Nov 2, 1926, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Tract disease

(duration) over 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? Yes Was Examination

What test confirmed diagnosis? _____

(Signed) Henry F Lake M. D.

Nov 3, 1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial Nov 5 1926

20 UNDERTAKER Wm Cook ADDRESS 532 E Madison

OCCUPATION: Be sure to state the OCCUPATION of every person, even of children and housewives. Do not use such terms as laborer, housework, etc., but state the actual occupation, as carpenter, domestic servant, etc. Unless the occupation is properly classified, it may be impossible to code the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E. 15520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E. 15520

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 27-6 WARD)

2-FULL NAME Mrs Linder Willock

(a) RESIDENCE NO. 801 Falls Rd Terrace ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Linder F. Willock.

6 DATE OF BIRTH (month, day, and year) Dec 9, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Samuel Fauver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Omerich Louse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Dr. J. Scott Willock

(Address) 801 Falls Rd Terrace

15 Filed 1926. 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 2, 1926, to Nov 3, 1926,

that I last saw her alive on Nov 3, 1926,

and that death occurred, on the date stated above, at 8.15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(Cancer)

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Cirrhosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical Methods

(Signed) Raymond F. Johnston, M. D.

, 19 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsburgh Pa	Nov 7 1926
20 UNDERTAKER Wm Pickens Sons	ADDRESS North & Pa

TION is very important. See instructions on back of certificates.

V4

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15521

CERTIFICATE OF DEATH.

74-001

E 15521

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Emmett Place St. 413 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles P Schwarz

(a) RESIDENCE NO. 743 N Broadway St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ema E Schwarz

6 DATE OF BIRTH (month, day, and year) Apr 31 1877

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bartlett Hayward

9 BIRTHPLACE (city or town)_____

(State or country) Germany

PARENTS

10 NAME OF FATHER John Schwarz

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Schaefer

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant Ema Schwarz

(Address) 743 N Broadway St

15 Filed_____, 19____ Per_____ Registrar

CHARLTON JONES, M. D.

NOV 4 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/2 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Cerebral Edema

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Leonard A Wichers M. D.

(Coroner)

, 19 26 (Address) 3325 Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial Nov 5 1926

20 UNDERTAKER W M Cook ADDRESS 502 E Lanvale

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15522

CERTIFICATE OF DEATH.

181-004

E-15522

1-PLACE OF DEATH

City of BALTIMORE: (No. 537 So. Fulton Ave Ward 19

2-FULL NAME Samuel L. Kellman

(a) RESIDENCE NO. 537 So. Fulton Ave St. Ward

(Usual place of abode)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7th 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	—	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Nathan Kellman

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Freida Zunick 55

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Nathan Kellman

(Address) 537 So. Fulton Ave

15 Filed NOV 4 1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2nd 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, aforesaid and from the autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Monoxide Gas Poisoning (over)

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Thos. B. Hatton M. D.
(Coroner)

Nov 3rd 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional data.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Date of Burial 11/4 1926

20 UNDERTAKER Jack Lewis ADDRESS 2324 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15523

CERTIFICATE OF DEATH.

90

E 15523

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew aged Home St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Wolfe

(a) RESIDENCE NO. 115 Aisquith St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

(If non-resident give city or town and State)

Exact statement of OCCUPATION is necessary. Certificate will not be properly classified. It may be returned for correction. Read carefully the instructions OF DEATH in plain terms, so that it may be very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachael Wolfe

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
64	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): ?

(State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham Wolfe

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Louis Wolfe

(Address): 169 N. Fremont Ave

15 Filed..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 11-3-26

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1926, to Nov. 3rd, 1926, that I last saw h.. alive on " " 19....., and that death occurred, on the date stated above, at 3.35 P m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) ....yrs. 6 mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Isaac L Linnes, M. D.

11 3, 1926 (Address) 30 S 13th Way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rodef Sh

Date of Burial: 11-6 19

20 UNDERTAKER: Jos. Louis

ADDRESS: 1534 Edmondson Ave

JONES, M. D.

11-4-1926

Spec.—1-10-21—M&T—1500 Bks.

E-15524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-15524

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen ST. Hosp. WARD)

2-FULL NAME Mrs. Sarah Pollack

(a) RESIDENCE NO. 3707 Reisterstown Rd. WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of David Pollack

6 DATE OF BIRTH (month, day, and year) July 11, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	23 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Leeds, England

PARENTS

10 NAME OF FATHER Meyer Weitzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Abrams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Meyer Weitzman
(Address) 1512 Eutaw St.

15 Filed NOV 4 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 | 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1926, to Nov. 3, 1926.

that I last saw h~~e~~r alive on Nov. 3, 1926,

and that death occurred, on the date stated above, at 11:05 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos 45 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical —

(Signed) Arwood L. Jensen M. D.

11/3 1926 (Address) W. B. G. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 11/4 1926

20 UNDERTAKER Jack Lewis

ADDRESS 1307 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E-15525

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E-15525

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy M Ritz

(a) RESIDENCE NO. 1214 N Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 27, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Edward Ritz

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Margaret Park

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Hospital Records (Address)

15 Filed 4-1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 30, 19 26, to Nov. 4, 19 26, that I last saw h[illegible] alive on Nov 4, 19 26, and that death occurred, on the date stated above, at 1 15 Am.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? laboratory & clinical methods

(Signed) Frank R. Smith, Jr., M. D.

, 19 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 11/6/1926

20 UNDERTAKER [illegible]

ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Cor.—1-12-28—M&T—100 Blks.

E. 15526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15526

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 279 S. Spring ST. 3-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Reach

(a) RESIDENCE No. 279 S. Spring ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C.	M.W.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 40
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) —
(State or country) —

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant .....
(Address)

15 Filed ..... 192 ..... Registrar

NOV 4 - 1926 THE MORGUE. 0773

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism.

(duration) Yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Epilepsia (duration) Yrs. ..... mos. 1 ds.

(Signed) G. C. Radcliffe, M. D.
Nov 3/26, 192 (Address) 1426 Druid (Coroner.)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
NOV 5 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15527

CERTIFICATE OF DEATH.

74 2001

E, 15527

REGISTERED NO._____

1-PLACE OF DEATH 1602 Walker Street

City of BALTIMORE: (No._____ St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col.	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 65 years of age				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)_____

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Unknown

14 Informant N.E.Dist. Police

(Address) Ashland Ave

15 Filed_____ 19____ Registrar

0772

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 18th, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Unknown (Inquest, autopsy or inquiry.) find that said deceased came to Man death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably apoplexy

(Died with in an hour)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Pain M. D.

(Coroner)

11.1.26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND. Date of Burial NOV 1 1926, 19

20 UNDERTAKER_____ ADDRESS_____

NOV 1 1926 Commissioner of Health.

THE MORGUE.

KK

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E,15528

CERTIFICATE OF DEATH.

31 E,15528

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Johns Hopkins Hospital ~~St.~~ 22 WARD)

2-FULL NAME Charlie Jones

(a) RESIDENCE NO. Friendly Inn (Sharpe ~~St~~) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of))))))

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prob Ala.

PARENTS

10 NAME OF FATHER Louis Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk own

12 MAIDEN NAME OF MOTHER Bilger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hopkins Hospital
(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Miliary "
(Autopsy at Hopkins Hospital)
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) John Walker, M. D.
(Coroner.)

10-28-26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 1926

20 UNDERTAKER

ADDRESS

or.—12-9-25—A Co.—200 Bks.

5529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

198

E, 15529

REGISTERED NO.

1-PLACE OF DEATH

ity of BALTIMORE: (No.) Mercy Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Starks

(a) RESIDENCE NO. 909 Walan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ week mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	Col	Unknown

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED Laborer

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

10 NAME OF FATHER Sam. Starks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Hazo Mary Cattins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

Informant Della Strange

(Address) 215 Hanover St

14 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 31 Oct 31 1926

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

Fract. Skull

Said to have been struck with hatchet — Homicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Autopsy not to be held Nov 5-26

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

(Coroner)

Nov 5, 1926 (Address) 1037 Bo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) Since Oct 10 1926

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va Date of Burial Nov 5 1926

20 UNDERTAKER John H. Tradwin ADDRESS 1027 Lombard

OF PARENTS

TIC Y is ver

on back of certifi

HEALTH DEPARTMENT---CITY OF BALTIMORE

E-15530 — CERTIFICATE OF DEATH — E-15530

1 PLACE OF DEATH 6 S. Garrison Lane — REGISTERED NO. 100,001

CITY OF BALTIMORE: (No. 6 S. Garrison Lane St.; 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank B. Dorsey

(Residence in Baltimore: No. 6 S. Garrison Lane St.; 48 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Dec (Month) 15th (Day) 1872 (Year)

7-AGE: 53 yrs. 10 mos. 17 ds. If LESS than 1 day, ... hrs., or ... min.?

8-OCCUPATION
(a) Trade, profession or particular kind of work: Salesman 066
(b) General nature of industry, business, or establishment in which employed (or employer): Hotel and Dairy

9-BIRTHPLACE (State or country): Calvert County, Md

PARENTS

10-NAME OF FATHER: James T. Dorsey

11-BIRTHPLACE OF FATHER (State or country): Calvert County, Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillie L. Dorsey

(Address) 6 S. Garrison Lane

15- C. HAMPTON JONES, M. D.

Filed ... 191 ... Registrar ...

OCT - 1926

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov (Month) 2nd (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1926, to Nov. 2nd 1926, that I saw h.me alive on Nov. 2nd 1926, and that death occurred, on the date stated above, at 10:55 m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchial Broncho Pneumonia

(Duration) ... yrs ... mos 3 ds.

Contributory (SECONDARY): Cardiac Insufficiency

(Duration) ... yrs ... mos ... ds.

(Signed) Wm P Byerly M. D.

Nov 2nd 1926 [Address] 30 & W. Hamilton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Nov 5th 1926

20-UNDERTAKER: J. B. Hilgert — ADDRESS: 1850 N. Eden St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Dr. H. E. Kirchmann

HEALTH DEPARTMENT—CITY OF BALTIMORE

12 15531 — 144 E. 15531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 114 N. Payson St., 20th Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hebel

(a) RESIDENCE NO. 114 N. Payson St. 20th Ward

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. F. Hebel

6 DATE OF BIRTH (month, day, and year) Nov 2nd 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Hebel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Zane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mary E. F. Hebel

(Address) 114 N. Payson St

15 Filed ..... 19.....

Registrar

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2nd 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Nov 2, 1926, that I last saw him alive on Nov 2, 1926, and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hattie E Kirchman M. D.

10/3, 1926 (Address) 2002 N. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Olivet Cemetery Nov 5th 1926

20 UNDERTAKER — ADDRESS

H. B. Wagner 1850 N Bond St

Cor.—12-9-25—A Co.—200 Bks.

Keener · L Tourney ·

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001.

E 15532

CERTIFICATE OF DEATH.

E 15532 DISEASE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. University Pkwy 2-13 St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Keener L Tourney

(a) RESIDENCE NO. 733 Ramsay Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 21 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	10	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Flagman
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R R
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Prudent Tavenner

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Nancy

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Md

14 Informant Wm Lawrence E Murray
(Address) 733 Ramsay Ave

15 Filed _____ 19____ Per _____ Registrar

OV 4 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above. The CAUSE OF DEATH* was as follows: Arteria Coronaria Arteriosclerosis Cardiac Hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Harold A Dukes M. D.
(Coroner)

, 19 26, (Address) 3325 Pall Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Lorraine Park Cem	Nov 6th, 1926
20 UNDERTAKER Gawpe & Son	ADDRESS
Wm G. J. Cowpe & Son	901 Holland St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15533

CERTIFICATE OF DEATH.

57

E, 15533

1-PLACE OF DEATH Maryland Gen'l Hospital

REGISTERED NO. 15327

CITY OF BALTIMORE: (No. ..... ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Isabelle C. Albaugh.

(a) RESIDENCE NO. 3703 Sequoia ave) ST., WARD

(Usual place of abode) (Mt Washington)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry F. Albaugh

6 DATE OF BIRTH (month, day, and year) aug 12 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	56	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George C. Adelsberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Manette Bond.

13 BIRTHPLACE OF MOTHER (city or town) New York (State or country) N.Y.

14 Informant Harry F. Albaugh (Address) 3703 Sequoia ave

15 Filed NOV 4 - 1926 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is not sufficient. Do not use abbreviations or initials. Do not report symptoms, but the disease causing death. If from violence, state the nature of injury and whether accidental, suicidal or homicidal. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-2-26

17

I HEREBY CERTIFY, That I attended deceased from Oct 27, 1926, to Nov 2, 1926, that I last saw h[illegible] alive on Nov 2, 1926, and that death occurred, on the date stated above, at 6.10 P. M.

The CAUSE OF DEATH* was as follows:

Hypertension of Cardio-Vascular system-Cerebro Sclerosis.

(duration) (About 5 yrs. mos. ds. about 5 years)

CONTRIBUTORY (Secondary) Diabetes (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Wm. T. Watts M. D.

, 19 (Address)

*State the Primary Cause of Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Nov 5 1926

20 UNDERTAKER J. J. Tickner & Sons — ADDRESS [illegible]

Spec.—1-12-23—M&T—500 Bks.

E. 15534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

86-001 ✓

E. 15534

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 22-1 WARD)
Adrian

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Mooney.

(a) RESIDENCE NO. 641 S. Paca St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of infant

6 DATE OF BIRTH (month, day, and year) Mar. 28, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Arthur P. Mooney.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Marie Scott.

13 BIRTHPLACE OF MOTHER (city or town) Annapolis
(State or country) Maryland

14 Informant parents-Dr Arthur P. Mooney
(Address) 641 S. Paca St

15 Filed NOV 4 1926 K.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1926.

17

I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1926. to Nov 3, 1926.

that I last saw him alive on Nov 2, 1926.

and that death occurred, on the date stated above, at 6:25 A. m.

The CAUSE OF DEATH* was as follows:

Multiple Abscesses, Otitis Media.

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Septicemia & malnutrition

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Culture of blood.

(Signed) Elizabeth B. Sherman M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J. Fletcher Sons

DATE OF BURIAL Nov 5 1926

20 UNDERTAKER J. J. Fletcher, Sons

ADDRESS Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

(Bennett)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15535

CERTIFICATE OF DEATH.

+ 90 E, 15535

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp. St. 4-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sgt Alan Bennett

(a) RESIDENCE NO. Camp Meade Md St. ____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Sing'l

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) [illegible] 1897 (about)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Staff Sergeant

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Army 18th

(c) Name of employer Camp Meade

9 BIRTHPLACE (city or town) [illegible]

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) [illegible]

(State or country)

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) [illegible]

(State or country)

14 Informant Hospital Record.

(Address) Camp Meade Md.

15 Filed Oct 19 1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

[redacted]

Mitral Insufficiency

Acute Dilatation of Heart

Cardiac Collapse (duration) Instant yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Lemuel [illegible] M. D.

(Coroner)

19 2 (Address) 3325 Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Camp Meade Md. Date of Burial 10-5 1926

20 UNDERTAKER Elwood N Fisher ADDRESS Laurel Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E, 15536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15536

CERTIFICATE OF DEATH.

143-903

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 St. Paul ST. 113 WARD)

2-FULL NAME Helen Weston Fenhagen

(a) RESIDENCE NO. 916 St. Paul ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Corner Fenhagen

6 DATE OF BIRTH (month, day, and year) May 21, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oakland, California

PARENTS

10 NAME OF FATHER Benjamin Frank Weston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Madison Maine

12 MAIDEN NAME OF MOTHER Abbie M. Bunker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Anson Maine

14 Informant Mrs George C. Fenhagen (Address) 916 St Paul St

15 Filed 4-1926, 19 C. EARLSON JONES, M. D. Per RRF Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to Nov. 3, 1926, that I last saw her alive on Oct. 19, 1926, and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Watson W. Gray M. D.

, 19 (Address) 11 E. Chase St. Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Nov 5 1926
20 UNDERTAKER	ADDRESS
Henry J Jenkins & Sons Co	Oakland Pine & Eutaw Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. FILL IN ALL QUESTIONS IF POSSIBLE. Omissions will delay burial permit. Do not use abbreviations or technical terms. Write plainly with pen and ink. Use no lead pencil. Punctuation is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15537.

E-15537

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1134 Nanticoke St. 21-K Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George B. Bass

(a) RESIDENCE NO. 1134 Nanticoke St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Bass.

6 DATE OF BIRTH (month, day, and year) Mar 5. 1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Nora L. Richmond

(Address) 1134 Nanticoke St

15 Nov 4 1926 C. H. JACKSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1926

17

I HEREBY CERTIFY, That I attended deceased from August, 1926, to Nov 3, 1926;

that I last saw h— alive on Nov 3, 1926;

and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ___ yrs. 6 mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Bass, M. D.

, 19 (Address) 207 Mathews

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Western Cem Nov. 5 1926

20 UNDERTAKER — ADDRESS

Mr & Mrs. John H. Teufel & Son — 801 N Fayette St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15538

CERTIFICATE OF DEATH.

57 E-15538

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 Laurence St. 16-4 Ward)

2-FULL NAME Rachel Ring Stern

(a) RESIDENCE NO. 1113 Laurence St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Stern

6 DATE OF BIRTH (month, day, and year) March 3/1858

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
68	8	—	1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Myron Stern

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Grow

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Stern

(Address) 1113 N. Laurence St

15 Filed ....., 19..... Registrar

4 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 4th 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1926, to Nov 4, 1926,

that I last saw h.e. alive on Nov 4th, 1926,

and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion + coma

(duration) yrs. 3 mos. ds.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sugar in urine

(Signed) Chas. H. Buben, M. D.

Nov 4 1926 (Address) 1100 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Lehan Cemetery

Date of Burial Nov 5 1926

20 UNDERTAKER J. Means & Co

ADDRESS 3314 Pennsylvania Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15539

E, 15539

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2857 W. North Ave ST. 15-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia A. Hough

(a) RESIDENCE NO. 2857 W. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single~~, Married, Widowed, ~~or Divorced~~, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George E Houck.

6 DATE OF BIRTH (month, day, and year) —— 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER —— Barney

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Julia Ann ——

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant George E. Houck

(Address) 2857 W. North Ave

15 4 - 1926 C. M. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3rd 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 25 1926 to Nov. 3 1926.

that I last saw h[illegible] alive on Nov. 3 1926,

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronch. Pneumonia.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. R. Cradus M. D.

11/4/26 (Address) 2757 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 5th 1926
20 UNDERTAKER	ADDRESS
D. Putnam & Son	1723 W. Lafayette Ave

CAUSE OF DEATH must be given in plain terms, so that it may be properly classified. See instructions on back of certificates.

TION is very important.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15540

CERTIFICATE OF DEATH.

E. 15540

REGISTERED NO. 7675

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 4 Midvale Road (ST.) Roland Park (WARD)

2-FULL NAME William Thomsen

(a) RESIDENCE No. 4 Midvale Road (ST.) Roland Park (WARD) 27th

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widow

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Late Mrs A. Thomsen

6 DATE OF BIRTH (month, day, and year) June 20th 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Lawrence Thomsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Emily Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs E. Thomsen

(Address) 4 Midvale Rd Roland Park

15 Filed 4 - 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4th 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1926, to Nov. 4, 1926,

that I last saw h~~im~~ alive on Nov. 4, 1926,

and that death occurred, on the date stated above, at 10-30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis probably due to Influenza.

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Left Cerebral Hemiplegia

(duration) yrs. 2 mos. 19 ds.

18 Where was disease contracted if not at place of death? Paralysis in Philadelphia

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical signs

(Signed) M. D. Porter, M. D.

11/4, 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL Nov 6 1926

20 UNDERTAKER Henry W. Jenkins & Son Co

ADDRESS Eastland Ave & Gold St

TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E, 15541

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E, 15541

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St. 18-3 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Lydon

(a) RESIDENCE NO. 1016 W. Pratt St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labourer 040

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Ireland

PARENTS

10 NAME OF FATHER John Lydon

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ireland

14 Informant City Hospital Records,

(Address)

15 Filed _____ 19 _____ Registrar

4 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 31 1926

17

I HEREBY CERTIFY, That I attended deceased from September 25, 1926, to October 31, 1926, that I last saw h. alive on October 31, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

chronic Myocarditis

Myocardial Insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) 5 yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) H. Hoopes Smith, M. D.

Nov. 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Date of Burial 11/5 1926

20 UNDERTAKER George A Farley ADDRESS Fulton & Fayette

OF DEATH in plain terms, so that it may be properly classified. FAILURE MEANS OF DEATH. certificates. very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E, 15542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15542

CERTIFICATE OF DEATH.

129

20-2

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 South Hilton ST.,..... WARD)

2-FULL NAME EMERY G. PHELPS

(a) RESIDENCE No. 13 South Hilton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Beyer Phelps.

6 DATE OF BIRTH (month, day, and year) Feb. 6th. 1870

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
55	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Hollins Market

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) A. A. Co., Maryland

PARENTS

10 NAME OF FATHER Edwin D. Phelps

11 BIRTHPLACE OF FATHER (city or town) A.A. Co., (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Hopkins

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Dora B. Phelps (Address) 13 South Hilton St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

4 - 1926 By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV. 3rd. 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Nov 3- 1926, that I last saw h— alive on Nov 3- 1926, and that death occurred, on the date stated above, at 6.55 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Int.
Nephritis

(duration) yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) W. O. Krell, M. D.

11/4 1926 (Address) 4207 Frederick Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery.

DATE OF BURIAL Nov. 5th 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E.15543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.15543

CERTIFICATE OF DEATH.

114

8-2

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1765 N. Gay ST. ..... WARD)

2-FULL NAME William H. Lancaster

(a) RESIDENCE NO. 1765 N. Gay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Lancaster

6 DATE OF BIRTH (month, day, and year) Unknown 1838

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER George Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Ann Pennington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Edna R. Cashdoller
(Address) 1765 N. Gay Street

15 Filed ....., 19.....
4-1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 24 1926 to Nov 3 1926

that I last saw him alive on Nov 2 26

and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Entero-Colitis

(duration) — yrs. One mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. Reichard M. D.

11/3 19 26 (Address) 3201 Saint Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Nov. 6 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Eutaw St.

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

E, 15544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15544

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-1 WARD)

2-FULL NAME Louis Wiener

(a) RESIDENCE NO. 1712 E. Monument St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth Unknown ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hosp. Records.

(Address)

15 4 - 1926 C. [illegible] JONES, M. D.

, 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/4/1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 , 1925 , to Nov 4 , 1926.

that I last saw h[illegible] alive on Nov 4th , 1926,

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Louis Lurie, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem. DATE OF BURIAL 11/5/1926

20 UNDERTAKER Alvard Sondheim ADDRESS 18-20 W. Mt. Royal Ave

CAUSE OF DEATH MUST BE PLAINLY WRITTEN. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15545

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 15545

Registered No.

City of BALTIMORE: (No. 700 Portlend St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MONIKA NEKRASZ

(a) Residence No. 700 Portlend St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., If of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6-DATE OF BIRTH (month, day and year): No.

7-AGE, About 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: No

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Lithvania

PARENTS.

10-NAME OF FATHER, No

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Lithvania

12-MAIDEN NAME OF MOTHER, No

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Lithvania

14- (Informant) J. Nadas

(Address) 700 Portlend Street

15- Filed NOV 5 - 1926 H. [illegible] JONES, M. D. Registrar.

Per [illegible]

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 11-4-26

17- I HEREBY CERTIFY, That I attended deceased from 11-3- 1926, to 11-4- 1926, that I last saw h[illegible] alive on 11-4- 1926, and that death occurred, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(Duration) 4 yrs. mos. 7 ds

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Braun M. D.

, 19 (Address) 1227 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, 1926
Holy Redeemer	Nov. 6
20-UNDERTAKER,	ADDRESS
John Grebliauckas J.G.	423 S. Paca St.

Spec.—1-12-23—M&T—500 Bks.

E. 15546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15546

CERTIFICATE OF DEATH.

100-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S. Caroline ST. 3-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harris Merinbloom

(a) RESIDENCE No. 222 S Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? 24 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Merinbloom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant H. Weinberg

(Address) 902 E Balto st

15 Filed NOV 5 - 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/1, 1926, to 11/4, 1926, that I last saw h[illegible] alive on 11/3, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What tests confirmed diagnosis? Clinical Sym

(Signed) M. Rellecast, M. D.

11/4, 1926 (Address) 2225 Henderson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hooring Rm

DATE OF BURIAL 11/5 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

TION IS very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15547

CERTIFICATE OF DEATH.

E 15547

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2050 E Fayette St. 6-V 21 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca D. Rosenfeld

(a) RESIDENCE NO. 2050 E. Fayette ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) ? ? 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	46	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses Rosenfeld

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Bessie Trigor

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant Sara. Ringtone (Sister)
(Address) 2634 E Hoffman St

15 Filed ..... 19 ..... JOSEPH JONES, M. D.
Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1926 to Nov. 4, 1926.

that I last saw her alive on Nov 3, 1926

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos F. A. Sterne, M. D.

11/4, 1926 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hebrew Cem	11/5 19 26
20 UNDERTAKER	ADDRESS
Jack Levin	1434 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

11-5-1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15548 E 15548

CERTIFICATE OF DEATH

38

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ... ST., ... WARD) 6-N

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abram Abraham

(a) RESIDENCE No. 2102 E. Baltimore ST., ... WARD ... 2215 E. Balto St.
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Abraham

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	46	—	—	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

PARENTS

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER [redacted]

11 BIRTHPLACE OF FATHER (city or town) (State or country) [redacted] Do

12 MAIDEN NAME OF MOTHER [redacted]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [redacted] Do

14 Informant Baltimore City Hospitals
(Address)

15 Filed NOV 5 1926, 19 ... Per ... Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1926, to Nov. 4, 1926
that I last saw him alive on Nov. 3, 1926
and that death occurred, on the date stated above, at 1.00 a.m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Cystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Henry Goodwin M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Harmony Cem	Nov 6 1926

20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E. Balto St

TION is very important. See instructions on back of certificates.

Spec.—12-25—A Co.—200 Bks.

E-15549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E-15549

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2853 Penna. Ave St. 13-5 Ward)

2-FULL NAME Nattie May Seward

(a) RESIDENCE NO. 2853 Penna Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. ___ mos. ___ ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? / yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of John T. Seward

6 DATE OF BIRTH (month, day, and year) June 10 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Del-Md-

PARENTS

10 NAME OF FATHER William A. Ellis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Del.

12 MAIDEN NAME OF MOTHER Amelia Miller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant John T. Seward

(Address) 2853 Penna ave

15 Filed _____, 19____ C. E. [illegible] JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 4 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Nov 4, 1926 that I last saw h[illegible] alive on Nov 3, 1926 and that death occurred, on the date stated above, at 1 4 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculosis of bone.

(duration) ___ yrs. 6 mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E J Lloyd, M. D.

, 19 (Address) 1132 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Centreville Md — Date of Burial: Nov 6 1926

20 UNDERTAKER: Harry W. Ellen — ADDRESS 1944 W. Northern

OF DEATH in plain terms, so that it may be properly classified. Full statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-27—M[illegible]—500 Blks.

19708 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15550

CERTIFICATE OF DEATH.

101-001

E-15550

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-3 ST. ....WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard W. Beck - Jr

(a) RESIDENCE NO. 2616 E. Fairmount Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3 - 26.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	1	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Bal.
(State or country)

PARENTS

10 NAME OF FATHER Howard Beck

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Addie Tilly

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 5 1926, 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Nov. 3, 1926, that I last saw h[illegible]alive on Nov. 3, 1926 and that death occurred, on the date stated above, at 7 05 P. m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Congenital Heart Disease)

(duration) yrs. ..... mos 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Signs & sym only

(Signed) Thomas W. Connell, M. D.

, 19 (Address) Johns Hopkin Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Nov. 6 1926
20 UNDERTAKER Philip Herwig.	ADDRESS 2816 Orleans st.

TION IS very important. See instruction on back

Spec.—1-12-23—M&T—500 Blks.

1970 E. 15551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 38 E-15551

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. ... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard B Bland

(a) RESIDENCE NO. 502 E. St Sparrows Pt WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20 - 26.

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto.
(State or country)

PARENTS

10 NAME OF FATHER Andrew Washington

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Susie Bland

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Records
(Address) .....

15 Filed 1926 19 RJC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1926, to Nov 4, 1926, that I last saw h[illegible] alive on Nov 4, 1926 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Syphilis (hereditary)

(duration) Life mos ... ds.

CONTRIBUTORY (Secondary) Cellulitis - Otitis media

(duration) ... yrs. ... mos. 12 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 11/3/26

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Thomas W Cronwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johns Hopkins Hospital	19
20 UNDERTAKER	ADDRESS

FRONT IS very important—See instructions on back

Spec.—1-12-23—[illegible] 500 Blks.

1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15552

CERTIFICATE OF DEATH.

E. 15552

1-4 24

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... JOHNS HOPKINS HOSPITAL ... ST. 1-4 ... WARD)

2-FULL NAME Steven Kuttro.

(a) RESIDENCE NO. 3032 Baston ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ... Infant

6 DATE OF BIRTH (month, day, and year) Nov 8 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min
		10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Infant

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Steve Kuttro.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Anna Pmaknowise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 5 - 1926 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 2, 1926, to Nov 4, 1926, that I last saw h alive on Nov 4, 1926 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis. Epidemic (?)

Brain Tumor (?)

(duration) ... yrs. ... mos 23 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) Thomas W. Comegys, M. D.

1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Nov 6 1926
20 UNDERTAKER Edward Eroe & Son	ADDRESS 1906 Eden

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

Cor.—1-12-23—M&T—100 Bks.

See Duplicate, Changed place of birth of Father

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15553

CERTIFICATE OF DEATH. 185

E. 15553

NOV 9 1926

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 W. Hamilton Ave ST., WARD)

2-FULL NAME Elizabeth M. Godwin

(a) RESIDENCE NO. 11 W. Hamilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	whit.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George P. Godwin

6 DATE OF BIRTH (month, day, and year) Oct 3/1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	1	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER John Young

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country) Harford Co., Md.

12 MAIDEN NAME OF MOTHER Rosena Wild

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Geo. P. Godwin
(Address) 11 W. Hamilton Ave.

15 Filed NOV 5 - 1926, 192 CHARLTON JONES, M.D.
Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull
Accidently fell from front porch of her residence

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] (Coroner.), M. D.

11/4/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Nov. 6 1926

20 UNDERTAKER Frederick Lasdon — ADDRESS Fullerton

IMPORTANT: See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E. 15554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+188-003

E. 15554

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Bayview Hospt St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edwin Lane

(a) RESIDENCE NO. North Point Rd St. via Fleetwood Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4 1904

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur.

(b) General nature of industry, business, or establishment in which employed (or employer) Frederick Welsh

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Purnell Lane

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Clatie Lane

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Purnell Lane

(Address) North Point Road.

15 Filed 4-7-, 19 RM Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1 — 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry,) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Multiple Fracture - Crushing

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

(Signed) [illegible] M. D.

(Coroner)

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Asbury Cemetery	11/5/26
20 UNDERTAKER Wm. R. G. Elliott	ADDRESS 1725 Washington

OF DEATH in plain terms, so that it may be properly classified. Fame, statement of cause of death is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15555

CERTIFICATE OF DEATH.

17-2 38

E. 15555

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Gundon.(C)

(a) RESIDENCE NO. 728 Bradley St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. __ mos. __ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	———		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Harry Holland.(C) couisin.

(Address) 728 Bradley St.

15 Filed NOV 5 1926 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 1, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) H. Reinhardt, M. D. (Coroner)

11/5 1926 (Address) 1017 E. Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Nov 6 1926

20 UNDERTAKER Daniel Carbin ADDRESS 916 Dg ave.

OF DEATH in plain terms, so that it may be properly classified. Last Statement of Occupation is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

Stream

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15556

CERTIFICATE OF DEATH.

100-001

E. 15556

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N Stricker 16-6 WARD)

2-FULL NAME Gunnal Geo W Stevens

(a) RESIDENCE NO. 931 N Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Stevens

6 DATE OF BIRTH (month, day, and year) 11-10-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) W S Army

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wesley Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hemaina Hepburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Susie Stevens (Address) 931 N Stricker St

15 Filed NOV 5 1926, 19 RL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4-1926

17 I HEREBY CERTIFY, That I attended deceased from 11-1-1926 to 11-4-1926.

that I last saw him alive on 11-1-1926

and that death occurred, on the date stated above, at 6 a m

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Jno R Saunders, M. D.

, 19 (Address) 1029 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	11/6 1926
20 UNDERTAKER Daniel Easton	ADDRESS 916 Pacas St

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Mullen

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15557

CERTIFICATE OF DEATH.

90 E-15557.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE, (No. 2204 Dinsean St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Mullen

(a) RESIDENCE NO. 2204 Dinsean St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Mullen

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 27 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Woodalls town

(State or country): Md

PARENTS

10 NAME OF FATHER: Robert Campbell

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Catharine Harris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: A Harris Campbell

(Address): 2201 Dinsean St

15 Filed NOV 5 1926 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Nov 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Dilatation of Heart

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) yrs. mos. 1 ds.

(Signed) [illegible] (Coroner) M. D.

, 19 (Address) 1430 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. Date of Burial Nov 5 1926

20 UNDERTAKER: Samuel H Manley ADDRESS 70 Bolle

OF DEATH in plain terms, so that it may be very important. See instructions on back of certificate.

Spec.—1-12-28—M&T—500 Bks.

1949 42-6

Pack.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15558

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 6-1 WARD)

94-001

REGISTERED NO. E 15558

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Packs.

(a) RESIDENCE NO. 1706 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Sturer Packs

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Harriet Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records (Address)

15 Filed ....., 19.... Registrar

NOV 5 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 23, 1926, to Nov. 3, 1926, that I last saw h[illegible] alive on Nov. 3, 1926 and that death occurred, on the date stated above, at 7 00 P. m

The CAUSE OF DEATH* was as follows:

Sudden death due to Cerebral embolism or Hemorrhage:

Pulmonary infarct.

5 minutes (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

mos. ds.

18 Where was disease contracted if not at place of death? J. H. Hospital.

Did an operation precede death? Yes Date of October 1926

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. H. Schacht, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 11 7 1926

20 UNDERTAKER Edward Bergan

ADDRESS 1731 Eutaw St

TION is very important. See instructions on back of certificate.

1639 ½ Broadway

Spec.—1-10-21 M&T 1500 Blks.

E 15559 + 9 V E 15559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 N. Charles St., ST., 11-W WARD)

2-FULL NAME Penelope Brock

(a) RESIDENCE No. 105 Smithwood Ave., (Catonsville) ST., WARD Non Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 year. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John I. Brock

6 DATE OF BIRTH (month, day, and year) Feb. 12th 1864

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
62	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Dell Pennell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Sarah Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn,

14 Informant Mrs. Warren Scott

(Address) 105 Smithwood Ave (Catons)

15 Filed NOV 5 1926 C. E. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1919, to Nov 4, 1926.

that I last saw her alive on Nov 4, 1926,

and that death occurred, on the date stated above, at 11.45 a m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Kuteling M. D.

Nov 5, 1926, (Address) 1010 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov. 6 1926
20 UNDERTAKER Chas. E. Franck	ADDRESS 808 Madison

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E, 15560

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15560

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

City of BALTIMORE: (No. Lombard & Greene St., 41 Ward) 16

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Muller

(a) Residence No. Riderwood Md St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Male	White	Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 10-30-26

7-AGE. ....yrs....mos....ds. If LESS than 1 day, 8 hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby Md

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Charles Muller

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Nettie Bishop

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant)

(Address)

15- Filed 5-1926 C. MAYSON JONES, M. D. Registrar. Per

0775

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 10-30-26

17- I HEREBY CERTIFY, That I attended deceased from 10-30 1926 to 10-30 1926

that I last saw h[illegible] alive on 10-30 1926

and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Prolonged labor

Forceps delivery

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Traumatic Cerebral hemorrhage (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes 11-4-26

What test confirmed diagnosis?

(Signed) Ira T. Dodge M. D.

19 (Address) Univ. Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, ... 19..
20-UNDERTAKER,	ADDRESS

UNIVERSITY OF MARYLAND
DEPARTMENT OF HEALTH,

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15561

CERTIFICATE OF DEATH.

161-001

E 15561

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE. (No. 1324 McCulloh St. 11-1 Ward)

2-FULL NAME Baby Elizabeth Sullivan

(a) RESIDENCE NO. 1324 McCulloh St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-3-26

7 AGE	Years	Months	Days	IF LESS than 1 day 44 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER James Sullivan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) D. C.

12 MAIDEN NAME OF MOTHER Elizabeth Radcliff

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant .....

(Address) .....

15 Filed ..... 19 ..... Registrar

5-1926 0176

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-3-1926

17 I HEREBY CERTIFY, That I attended deceased from 11-3-, 1926, to 11-3-, 1926, that I last saw her alive on 11-3-, 1926, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows: Prematture birth

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Slacken, M. D.

11-4 1926 (Address) 8 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Keep certificates. See instructions on back of certificate. Every question on this certificate of DEATH must be answered if possible. Information is very important.

Spec.—12-9-25—A Co.—200 Bks.

E. 15562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E. 15562

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Balto City Hospitals (St.) 18-2 (Ward)

2-FULL NAME Robert E Jones -

(a) RESIDENCE NO. 10 4 N Poppleton St Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, ~~Married~~, ~~Widowed~~, or Divorced, (write the word)
M	Col.	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 30 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	1	3 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) O'T

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Albert Jones

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary E Paul

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mary E Paul

(Address) 104 N Poppleton St

C. [illegible] SON JONES, M. D.

1926 19 Par 1248 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 3, 1926.

17

I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1926, to Nov. 3, 1926

that I last saw him alive on Nov. 3, 1926

and that death occurred, on the date stated above, at 2 29 m.

The CAUSE OF DEATH* was as follows:

Intrinsic Coma on the Corpus

(duration) Simultaneous yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism Sclerosis

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of Oct. 29, 1926

Was there an autopsy? No

What test confirmed diagnosis? Pathology Section

(Signed) Blackpool M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
National Cemetery	Nov. 8, 1926
20 UNDERTAKER	ADDRESS 312
Mrs. Katie R. Williams	E. Lombard St

OF DEATH is given, it will be very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E. 15563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15563

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. SYDENHAM HOSPITAL ST. WARD)

REGISTERED NO. 4-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry H. Meekins

(a) RESIDENCE NO. Granite, Balto. Co. Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred non-resident yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 25, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	1	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Raymond Meekins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Marg. Smoot

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Raymond Meekins (Address) Granite Md

15 Filed 1926 C. HAMILTON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1926, to Nov 4, 1926, that I last saw h alive on Nov. 4, 1926, and that death occurred, on the date stated above, at 9 10 p m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Pharyngeal Diphtheria

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Pos. Throat Cult.

(Signed) Myron G. Tull, M. D.

11/5, 1926 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem DATE OF BURIAL Nov 5 1926

20 UNDERTAKER Easton Sons & Ellicott City ADDRESS

Spec—1-12-23—M&T—500 Blks.

E. 15564 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 15564

CERTIFICATE OF DEATH.

12-3109-002

1-PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Wills

(a) RESIDENCE NO. 2 & 3 6 St Paul ST. City WARD

(Usual place of abode)

(Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Judge Wills

6 DATE OF BIRTH (month, day, and year) — 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitress

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Claude Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends —

(Address)

15 Filed 5-1926 (Signed) E. [illegible] JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1926, to Nov 3, 1926, that I last saw her alive on Nov 3, 1926 and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute follicular tonsillitis.
Septicemia? Streptococcus
Hemolyticus.

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Louis Martin, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery.	Nov 6 1926
20 UNDERTAKER Wm H. Dennis & C. E. Nelson.	ADDRESS 1303 Presstman St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15565 E, 15565

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Ridgely ST. 21-3 WARD)

2-FULL NAME Catherine M. Engelbach

(a) RESIDENCE NO. 1133 Ridgely ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 26. 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	11	8	

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm. E Engelbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Bessie High

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Wm. E Engelbach
(Address) 1133 Ridgely St

15 Filed 5 - 1926 C. [illegible] JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from June . 1926 . to Nov 3 . 1926 .
that I last saw h[illegible] alive on Nov 3 . 1926 .
and that death occurred, on the date stated above, at 1 44 A m.

The CAUSE OF DEATH* was as follows:

Cystic Mass

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem Co — DATE OF BURIAL 11-6 1926

20 UNDERTAKER C H B Harlr 115 E West St — ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

St Richardson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15566

CERTIFICATE OF DEATH.

74-09

E 15566

1-PLACE OF DEATH

City of BALTIMORE: (No. 5306 Winner Ave St. 27-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad E. Joeckel

(a) RESIDENCE NO. 5306 Winner Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Joeckel

6 DATE OF BIRTH (month, day, and year) Feb. 28. 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or....min.
	75	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 3 years

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER John Joeckel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Fred. W. Joeckel

(Address) 5306 Winner Ave

15 Filed ... 19... Registrar

1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Nov 4

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926 to Nov 4, 1926; that I last saw h— alive on Nov 4, 1926; and that death occurred, on the date stated above, at 8.25 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) ... yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemm.

Surface (duration) ... yrs. ... mos. ... ds. Incidental

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E E Richardson M. D.

Nov 5, 1926 (Address) 112 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Carmel Cemetery	Nov. 7 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc	1710 Eliot St

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15567

CERTIFICATE OF DEATH.

70 E. 15567

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Genl Hosp St. 27-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Waldemar Pihlfeld

(a) RESIDENCE NO. 5217 Lyndin Hgts Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 21 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
39	44	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Copenhagen

(State or country) Denmark

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Mrs. Sophie Vials

(Address) 5217 Lynden Heights

15 Filed 1926 C. HARRISON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident

Fracture of Skull Cer Ver.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 16 hrs ds.

(Signed) C. H. Jones, M. D.

(Coroner)

, 19 (Address) 443 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery. Date of Burial Nov. 8 1926

20 UNDERTAKER Henry Sander & Sons Inc. ADDRESS 1710 Fleet St

5 of certificate. very important. See instructions on back of c

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15568

E 15568

CERTIFICATE OF DEATH.

181-004

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 N. Charles St. ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Scheffenacher

(a) RESIDENCE NO. 4110 N. Charles St. ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene T. (Riggs) Scheffenacher

6 DATE OF BIRTH (month, day, and year) ~~April 30, 1880~~ April 30/1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	~~46~~ 45	6	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Printing
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Scheffenacher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Wife
(Address)

15 Filed NOV 5 - 1926, 192... Per ... Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Carbon Monoxide Gas Poisoning while working on his automobile- in his garage -Accidental

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. A. Fuller, M. D. (Coroner.)

Nov. 5, 1926 (Address) 508 East North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 11/6/1926

20 UNDERTAKER: C. D. Fanning & Son-1938 — ADDRESS: E. Lafayette Ave

N. B.—WRITE PLAINLY, WITH INK. AGE should be carefully supplied. Exact statement should be carefully supplied, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

Esplanade Apts. Eutaw Place & Brooks Lane.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15569

CERTIFICATE OF DEATH.

89 E, 15569

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Esplanade Apts. 3 G. St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon D. Burgunder.

(a) RESIDENCE NO. Esplanade Apts. 3 G. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara G. Burgunder.

6 DATE OF BIRTH (month, day, and year) April 15th. 1862.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clothing

(b) General nature of industry, business, or establishment in which employed (or employer) Manufacturer.

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Baltimore,

(State or country) Md.

PARENTS

10 NAME OF FATHER Benjamin Burgunder

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Bernard Burgunder

(Address) The Esplanade

15 1926 C. PARRON JONES, M. D.

Per BRB Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/4/ 1926.

November 4. 1926

17

I HEREBY CERTIFY, That I attended deceased from August 19 23 to Nov 4. 19 26, that I last saw h[illegible] alive on November 4. 19 26, and that death occurred, on the date stated above, at 9 35 P. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris (Coronary artery Thrombosis)

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Anginal symptoms

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

Nov 5. 1926 (Address) 1207 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Baltimore Hebrew Cemetery 11/7/ 1926

20 UNDERTAKER David Landheim ADDRESS 118-20 W. Mt. Royal Ave.

5

Use typewriter in filling out certificates. See instructions on back of certificate. Items 1 to 13 must be filled in very important.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 15570

31 E. 15570

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 39 E. FORT AVE. St. 23-W Ward)

2-FULL NAME Mary V. Bush.

(a) RESIDENCE NO. 39 E. Fort Ave. St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. 20. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married:

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James A. Bush.

6 DATE OF BIRTH (month, day, and year): Oct, 16, 1882.

7 AGE — Years: 44. Months: — Days: 20. IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Thomas Green.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Jennie Douglas.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto. Md.

14 Informant: James A. Bush, (Husband)

(Address): 39 E. FORT AVE.

15 Nov 5 1926 C. WILSON JONES M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 5th 19 26

17

I HEREBY CERTIFY, That I attended deceased from Oct 25 26, to Nov 5 26.

that I last saw h[illegible] alive on Nov 5 26.

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tbc.

About 2 months.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Schenuich, M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cem. Date of Burial: Nov. 8 1926

20 UNDERTAKER: A. Conrad Evans ADDRESS: 38 E. Ford

Certificates. See instructions on back of certificate. Important.

Spec.—1-12-23—M&T—500 Bks.

(Simmen)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15571

E, 15571

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp ST. 19-W WARD) Simmen

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Virginia ~~Simmen~~

(a) RESIDENCE NO. 214 S. Stricker St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ~~15~~ ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	infant.

5a If married, widowed, or divorced HUSBAND of or) WIFE of infant.

6 DATE OF BIRTH (month, day, and year) Sept. 27/1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant - [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Elmer Simmons.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Julia Brauns.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Hospital Records. (Address)

15 Filed ... 19... C. THOMPSON JONES, M. D. Registrar

5 - 1926 Per

TION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2 , 1926, to Nov. 5 , 1926, that I last saw h[illegible] alive on Nov. 5 , 1926, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Elizabeth Sherman, M. D.

, 19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 6 1926
20 UNDERTAKER Geo W Fitts	ADDRESS 2750 Edmondson Av

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15572

185 E 15572

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 806 S. Sharp St. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Floyd. (C)

(a) RESIDENCE NO. 806 S. Sharp St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 28 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) August 5, 1878.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Thomas L. Floyd. (C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary J. Chandler. (C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia.

14 Informant Mary J. Floyd. (C) mother.

(Address) 806 S. Sharp St.

15 Filed 19 C. WILLIAMSON JONES, M. D.

6 1926 By RRB Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 2, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Traumatic.
Accidental fall down cellar steps.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Eisenhardt M. D.
(Coroner)

11/5 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? 714 E. Sharp St. Nov. 2, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn	Nov 6 1926

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Hand St.

Fill out all parts of certificate. See instructions on back of certificate. Every item very important.

Spec.—1-12-23—M&T—500 Bks.

E-15573 HEALTH DEPARTMENT—CITY OF BALTIMORE E-15573

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Bivins (Bevan st) ST., 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lee

(a) RESIDENCE NO. 813 Bivins ST., 22 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Bendella Saunders Lee

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Fairfield Gas Works

9 BIRTHPLACE (city or town) (State or country) Richmond Virginia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER Lucy Evans

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Va.

14 Informant Ella Scott (Address) 550 West St

15 Filed NOV 6 1926, 19 C. Tilghman Jones, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5/1926

17

I HEREBY CERTIFY, That I attended deceased from 10/16/, 1926, to 11/5/, 1926,

that I last saw ~~him~~ alive on 11/5/, 1926

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Pulmonary Tuberculosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis, Hypertension (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History & Physical

(Signed) W. M. Barnes, M. D.

, 19 (Address) 709 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Nov 8 1926

20 UNDERTAKER John H. Trodden — ADDRESS 1627 Lund Hill

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7 15574

CERTIFICATE OF DEATH.

91-902

E 7 15574

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John C. Moller

(a) RESIDENCE NO. Preston + Valley St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M.	W.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 12 1837

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
89	1837	March	12th	

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work Repair Shops

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B O R R

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Peter Moller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Moller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Little Sisters of the Poor

(Address) Preston + Valley

15 Filed Nov 4 1926 C. HAMPSON JONES, M. D. Registrar

6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Nov. 4th.

17

I HEREBY CERTIFY, That I attended deceased from No Record, 19..., to ..., 19...,

that I last saw h. living on Nov 1, 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Contributory (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Nov 5, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer Nov 8 1926

20 UNDERTAKER — ADDRESS

Mr-Mrs N S Fink 2512 Williams Ave

Fo

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E, 15575

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15575

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 E Southern Av. 27-12 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert G. Tolson

(a) RESIDENCE NO. 5 E Southern Av. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lif yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Virginia O Tolson

6 DATE OF BIRTH (month, day, and year) June 13, 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist, 1/2

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Unknown

14 Informant Robert G Tolson Jr.

(Address) 5 E. Southern Av.

15 Filed 1926 C. ATKINSON JONES, M. D.

Pct. 8 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26

Nov 4

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 19 26 to Nov 4, 19 26,

that I last saw h... alive on Nov 4, 19 26,

and that death occurred, on the date stated above, at 1130 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hypostasis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

Auricular Fibrillation

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

What test confirmed diagnosis? ___

(Signed) Chas Bruce, M. D.

11/5/26 (Address) 4 76 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Marys Hampden Nov 6 1926

20 UNDERTAKER — ADDRESS

Thomas H Sear 3415 Elston Av

OF DEATH in plain language, and very important. See instructions on back of certificate.

6

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15576 E. 15576

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 413 W 26th St

CITY OF BALTIMORE: (No.) S. 17-2 (Ward) REGISTERED NO.

2-FULL NAME Edward Canup

(a) RESIDENCE. No. 413 W 26th St ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cotton Mill hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Albert Crum

(Address) 413 W 26th St

15 6-1926 C. HARRISON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1926, to Nov 5 1926, that I last saw h[illegible] alive on Nov 5 1926, and that death occurred, on the date stated above, at 1 15 4 m.

The CAUSE OF DEATH* was as follows:

Endocarditis.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) H. D. Bailey M. D.

, 19 (Address) 3101 Dorfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden DATE OF BURIAL Nov 6 1926

20 UNDERTAKER Clemon Atkinson ADDRESS 3615 Eastern Ave

TION is very important.—See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

E 15577

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15577

CERTIFICATE OF DEATH.

1855

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 10-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 18.)

2-FULL NAME William Thomas

(a) RESIDENCE NO. 903 Somerset St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Bettie Thomas

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clothing
(b) General nature of industry, business, or establishment in which employed (or employer) Presser
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William A. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Eleanore Cornellus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Bettie C. Thomas
(Address)

15 Filed 6-1926, 192 Per C. MADISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probable Cerebral Hemmorage
Possible Fracture of Skull
Accidentally fell downstairs
at his home (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
Alcoholism (duration) ... yrs. ... mos. ... ds.

(Signed) J. S. H. Pallen, M. D.
(Coroner.)

Nov. 6, 1926 (Address) 508 E. North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemertery — DATE OF BURIAL: Nov. 6 '26

20 UNDERTAKER Henry Heath & Son — ADDRESS 1301 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

E, 15578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15578

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 212 W. Baltimore St., 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leo. Raymond Stepp

(a) RESIDENCE NO. 212 W. Baltimore St. 20th Ward

(Usual place of abode) (If non-resident give city or town and State).

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 23rd 26.

7 AGE: Years | Months: 2 | Days: 11 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Leo. Stepp

11 BIRTHPLACE OF FATHER (city or town): Maryland

(State or country)

12 MAIDEN NAME OF MOTHER: Ella Fisher

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Leo. Stepp

(Address): 212 W. Baltimore

15 Filed: 1926 Per CRR

C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 4th 1926.

17 I HEREBY CERTIFY, That I attended deceased from August 27 1926, to Nov 4 1926, that I last saw h— alive on Nov 4 1926, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

11/5 1926 (Address) 1729 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Nov 6th 1926

20 UNDERTAKER: H. B. Shipley ADDRESS: 1805 W. Baltimore St

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15579

E, 15579

CERTIFICATE OF DEATH.

100

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 E Montgomery St WARD)

2-FULL NAME Sarah E Tapman

(a) RESIDENCE NO. 22 E Montgomery St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John T Tapman

6 DATE OF BIRTH (month, day, and year) Dec 8 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
76	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph H Horner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Hannah E Dawson

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14 Informant (Address) Miss May S Tapman 22 E Montgomery St

15 1926 C. THOMPSON JONES, M. D. Registrar
Per 19 RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 22nd 1926 to Nov. 4th 1926

that I last saw her alive on Nov. 3rd 1926

and that death occurred, on the date stated above, at 3 15 P m.

The CAUSE OF DEATH* was as follows:

Asthma

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Maynard Willis M. D.

19 (Address) 810 Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Nov 8 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

TION is very important. See instructions on back of Certificate.

Spec.—1-10-21—M&T—1500 Bks.

E, 15580

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15580

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 743 S Decker Ave ST. 1-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Seal

(a) RESIDENCE NO. 743 S Decker Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher K Seal

6 DATE OF BIRTH (month, day, and year) Jan 22 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

PARENTS

10 NAME OF FATHER Thomas E Rhea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Fannie Hubbard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Mrs Christopher K Seal

(Address) 743 S Decker ave

15 Filed 1926 C. [illegible]SON JONES, M. D. Registrar

Per KRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 1926

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1921, to Nov 3, 1926,

that I last saw h[illegible] alive on Nov 3, 1926,

and that death occurred, on the date stated above, at 12 20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterine

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross & Microscopic

(Signed) Dr [illegible] M. D.

Nov 13, 1926 (Address) 3307 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Nov 6 1926
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 15581 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15581

CERTIFICATE OF DEATH. Hamilton 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 Hemlock Rd St.) 27-11 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emory D Zimmerman

(a) RESIDENCE No. 9 Hamlock Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie C Zimmerman

6 DATE OF BIRTH (month, day, and year) Dec 31 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk at

(b) General nature of industry, business, or establishment in which employed (or employer) B & O,

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Walkersville Frederick Co Md

PARENTS

10 NAME OF FATHER David Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Marie C Zimmerman (Address) 9 Hemlock Rd

15 Filed ..., 19... C. ...SON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Nov 4, 1926, that I last saw him alive on Nov 4, 1926, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Valvular Disease of Heart (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Strutt M. D.

11/5, 1926 (Address) 711 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Nov 7 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

TION is very important. See instructions on

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15582

CERTIFICATE OF DEATH.

74 001

E 15582

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No.) Leonard E Craig St. 5-1 (Ward)

2-FULL NAME Hildaide Hofmeister

(a) RESIDENCE NO 1006 Front St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Hofmeister

6 DATE OF BIRTH (month, day, and year) December 21 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
66	10	13		
65	11			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Keeper Mother

(b) General nature of industry, business, or establishment in which employed (or employer) Out

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Conrad Hofmeister

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Eiling

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Henry Hofmeister

(Address) 503½ Bond

15 Filed ..... 19 ..... RRS Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

Exhaustion (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) G E Elliott (Coroner) M. D.

(Address) 143 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — Date of Burial Nov 6 1926

20 UNDERTAKER Wendell Duffy & Son — ADDRESS 378 Am

very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15583

CERTIFICATE OF DEATH.

90 E 15583

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Mens Home ST.: 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo A. Backman

(a) RESIDENCE. NO. 1400 W Lexington ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 1846

7 AGE: Years 79 Months 11 Days 29 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James E Backman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Susanna Freeburger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Mary Fowler

(Address) 1406 W Lexington

15 Filed 6 1926 C. [illegible] JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1926

17 I HEREBY CERTIFY, That I attended deceased from June 20 1926, to Nov 6, 1926, that I last saw h alive on Nov 5 1926, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Atheromatous

Organic Heart

Disease (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Oedema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Howard, M. D.

Nov 6, 1926 (Address) 905 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 6 1926
20 UNDERTAKER George J Smith	ADDRESS 153 L Hollins

TION IS VERY important. See instructions on

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15584

E, 15584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 W. Woodland Ave WARD) 27-5129

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V Fillinger

(a) RESIDENCE No. 119 W. Woodland St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 3, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John M Fillinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catharine V Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary E Lyons

(Address) 119 W Woodland Ave

15 Filed 1926 C. [illegible] JOHNSON JONES, M. D. Registrar

Per RPW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1926, to Nov. 5, 1926, that I last saw h[illegible] alive on Nov. 2, 1926, and that death occurred, on the date stated above, at 11:00 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) 2 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? X

What test confirmed diagnosis? Yes

(Signed) Lemuel C. Chatten, M. D.

(Address) 2 Normandy Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft Cathedral	Nov 8 1926
20 UNDERTAKER W. Cook	ADDRESS 502 E Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

E, 15585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15585

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. _____ St. _____ Ward) 12-1

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Lobell

(a) RESIDENCE NO. 3538 Greenmount Ave Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-3-26

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
~~2 hours~~		2½ d.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— (none)

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER J. V. Lobell

11 BIRTHPLACE OF FATHER (city or town) N. J.

(State or country)

12 MAIDEN NAME OF MOTHER Lillian Vincent

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant James D Lobell

(Address) 3538 Greenmount Ave

15 Filed _____ 19 _____ C. THAWSON JONES, M. D. Registrar

No. 1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 11-5-26

17 I HEREBY CERTIFY, That I attended deceased from 11-3, 1926, to 11-5, 1926,

that I last saw him alive on 11-5, 1926,

and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Born with imperforate anus operation for same Nov. 11-3-26.

(duration) _____ yrs. _____ mos. 2½ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of 11-3-26.

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) E. Plassmann, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St Marys Hampden Nov 6 1926

20 UNDERTAKER ADDRESS

Wm Cook 502 E Northern

very important. See instructions on back of certificates.

6

Cor.—1-12-23—M&T—100 Bks.

E 15586

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15586

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 McElderry St ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry M. Costello

(a) RESIDENCE No. 2528 McElderry St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) May 2/1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6 5	2 23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Maryland Paper Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Costello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Margaret Costello (sister)
(Address) 2528 McElderry St

15 Filed 6-1926 192 C. [illegible] JONES, M. D. Registrar
Per RRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Apoplexy (Rt sided)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] M. D.
(Coroner.)

11/5/20 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Nov. 8 1926

20 UNDERTAKER William L. Schaeffer — ADDRESS 1816 Monument

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

Spec—12-23-21—E.B.R.S.—400 Bks.

E, 15587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15587

CERTIFICATE OF DEATH.

Registered No. 162

1-PLACE OF DEATH

City of BALTIMORE: (No. 3161 Cedar Ave St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Kenney

(a) Residence No. 3161 Cedar Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 11-5-26

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, 2 hrs. or. ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) Balto
(State or Country),

PARENTS.

10-NAME OF FATHER, Theodore Kenney

11-BIRTHPLACE OF FATHER (city or town) Md
(State or Country),

12-MAIDEN NAME OF MOTHER, Evelyn Wolff

13-BIRTHPLACE OF MOTHER (city or town) Md
(State or Country),

14- (Informant)

(Address) HOPKINS

15- Filed 1926 C. THOMPSON JONES, M. D. Registrar.

Per 07.70 CRD

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-5-26

17- I HEREBY CERTIFY, That I attended deceased from 11-5 1926 to 11-5 1926

that I last saw her alive on 11/5 1926

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? Not

Did an operation precede death? No Date of

Was there an autopsy? (No)

What test confirmed diagnosis? Gross Appearance

(Signed) David Frazier M. D.

11-6, 1926 (Address) 1500 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL. ....., 19..

20-UNDERTAKER. Commissioner Health

ADDRESS NOV 6 1926

Per Wm. B. WOODALL

INSTRUCTIONS ON BACK OF CERTIFICATE

6

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15588

CERTIFICATE OF DEATH.

100-001

E 15588

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celia Powell

(a) RESIDENCE NO. 693 W. Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Andrew Powell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Harriet —

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed NOV 6 1926 19 THOMAS JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 3 1926

17

I HEREBY CERTIFY, That I attended deceased from October 1, 1926, to November 3, 1926, that I last saw h.e alive on November 2, 1926, and that death occurred, on the date stated above, at 11 20 A.m.

The CAUSE OF DEATH* was as follows:

Chronic & Acute Alcoholism

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

Nov 4 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Lukes Cem Relay Date of Burial Nov 6 1926

20 UNDERTAKER Leonard Whalen ADDRESS 308 Mapleware

Very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Alexander Nelson

E. 15589 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 15589

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 215 N Caroline St. 18-1 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Nelson

(a) RESIDENCE. No. 215 N Caroline ST., ... WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Nelson

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Ch

(c) Name of employer T Balto

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Alexander Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant ..... (Address) 855 W Lexington St

Filed NOV 8 - 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 28 1926, to Nov 5 1926, that I last saw h alive on Nov 5 1926, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscope

(Signed) H Norwood M.D.

Nov 8 1926 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Nov. 8, 1926
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 N. Schroeder St

Cor.—12-9-25—A Co.—200 Bks. Rawlings V. Whittemore

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15590

CERTIFICATE OF DEATH. 15-12 88

E 15590

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. Colonial Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rollings V. Whittemore

(a) RESIDENCE NO. 1726 N Mounos St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna Whittemore

6 DATE OF BIRTH (month, day, and year): Aug 12 1879

7 AGE: Years 47 Months 2 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stationary engineer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Whittemore

11 BIRTHPLACE OF FATHER (city or town): Balto Co.

(State or country)

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town): ?

(State or country)

14 Informant: Rawlings V. Whittemore

(Address) 1318 N. Stockton ave

15 Filed 6-1926 C. EVANSON JONES, M. D. Registrar

P. [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

a Auto Accident

Fracture of Skull

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

(Signed) H. C. Wade M. D.

(Coroner)

Nov 5 1926 (Address) 1431 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk. Cem. Date of Burial: Nov. 8 1926

UNDERTAKER: Richard F. Curley ADDRESS: 1808 N. Eutaw

very important. See instructions on back of certificate.

Spec- 12-23-21—E.B.R.S.—400 Bks.

E 15591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

003

E 15591

1-PLACE OF DEATH

City of BALTIMORE: (No. 27 S. 11th St., 26 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith F. McCubbin

(a) Residence No. 27 S. 11th St., 26 Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 28 1918

7-AGE.	If LESS than 1 day,
7 yrs. 5 mos. 9 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Louisville Ky

PARENTS.

10-NAME OF FATHER, William M. McCubbin

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Greenburg Ky

12-MAIDEN NAME OF MOTHER, Emma L. Shelton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Shelbyville Ky

14- (Informant) William M. McCubbin

(Address) 27 S. 11th St.

15- Filed 1926 C. EARLSON JONES, M. D. Registrar.

Per RRH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 6 1926

17- I HEREBY CERTIFY, That I attended deceased from Nov 4, 1926 to Nov 6, 1926

that I last saw her alive on Nov 5, 1926

and that death occurred, on the date stated above, at 9:00 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Cerebral Mal-Development

(Duration) 7 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) anemia

(Duration) Gradual yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation & History

(Signed) Horace B. Tilden M. D.

11/6, 1926 (Address) 314 S. Highland Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL,
Louisville, Ky	Nov. 10, 1926
20-UNDERTAKER,	ADDRESS
Zibsler & Zibsler	1739 E. Eager St.

Cor.—12-9-25—A Co.—200 Bks.

Quinn

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15592

CERTIFICATE OF DEATH.

× 197 E-15592

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospitals ; No. 7 Ward)

2-FULL NAME Hubert Husband Queen

(a) RESIDENCE NO. Kemp Mill Rd. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Ferrum Va

(State or country)

PARENTS

10 NAME OF FATHER C. L. Queen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ferrum, Va

12 MAIDEN NAME OF MOTHER Minnie Foster

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ferrum, Va

14 Informant Raymond Queen

(Address) Ferrum, Va

15 Filed ..... 19 ..... Registrar

V 7 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, Inquest, autopsy or inquiry.) find that said deceased came to death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound Abdomen Homicide

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(Duration) yrs. mos. 1 ds.

Nov 4 26 C. C. Bland M. D.

(Coroner)

, I (Address) 143 W 13 way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ferrum, Va — Date of Burial Nov 6 1926

20 UNDERTAKER Wm J Jackson & Son — ADDRESS Baltimore

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 15593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 15593

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 3-V WARD)

2-FULL NAME Raphael Falk.

(a) RESIDENCE NO. 204 South Caroline ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? 33 yrs. — mos. — ds.

(If non-residents give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Shifra nee Winick

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sexton 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Falk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rosa Shalavitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joseph Falk (Address) 204 S Caroline st.

15 Filed NOV 7 1926 19 Per R.E. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-6- 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30 1926 to Nov. 6 1926, that I last saw him alive on Nov. 6 1926, and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical signs symptoms

(Signed) Max H Krengel M.D. M. D.

11/6 19 26 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 11/14 1926

20 UNDERTAKER Jos Kleiman + Bro

ADDRESS 1127 E Baltimore st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15594

CERTIFICATE OF DEATH.

90 E-15594

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 Carroll Road St. Windsor Hills 283 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel B. Wayman

(a) RESIDENCE NO. 7 Carroll Road St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Wayman

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 52 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt Grief 045

(b) General nature of industry, business, or establishment in which employed (or employer): Clothing Mfg

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Russia

PARENTS

10 NAME OF FATHER Mendel Wayman

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bertha Rosenberg

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Russia

14 Informant M. Wayman

(Address) 7 Carroll Road

15 Filed_____ 19____ Per_____ Registrar

C. HAMPSON JONES, M. D.

NOV 7 - 1926

very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6th 1926

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1926, to Nov. 6, 1926,

that I last saw h[illegible] alive on Nov. 5, 1926,

and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 15? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Saml Wolman, M. D.

XI-6, 1926 (Address) 2444 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balt Hebrew Cem — Date of Burial: 11/7 19 26

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15595

CERTIFICATE OF DEATH.

44 E, 15595

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 310 Frankmore ave St. 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Engel

(a) RESIDENCE NO. 310 Frankmore ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Roy Engel

6 DATE OF BIRTH (month, day, and year) May 15 - 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Tailor

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Russia

PARENTS

10 NAME OF FATHER Leyer Engel

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Jones

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant Roy Engel

(Address) 310 Frankmore ave

15 Filed NOV 7 1926 C. E. JONES, M. D.

By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 11-5-26

17

I HEREBY CERTIFY, That I attended deceased from July 22 1926, to Oct 5, 1926

that I last saw h[illegible] alive on Nov 5, 1926,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

(duration) 3 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sym

(Signed) M Chidecker, M. D.

, 19 (Address) 2275 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Hook Rd Date of Burial 11/7 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15596

CERTIFICATE OF DEATH.

49 E-15596

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 61 WARD)

2-FULL NAME Bernard Stern

(a) RESIDENCE NO. 108 Jackson Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Sarah Stern

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hirsh Stern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Sarah Stern 108 Jackson Place

15 Filed NOV 7 1926 C. HAMPSON JONES, M. D. Registrar Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/8/26, 19 . to 11/7/26, 19 .

that I last saw h[illegible] alive on 11/7/26, 19 .

and that death occurred, on the date stated above, at 11:25 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure (Coe.)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Harry Newburgh, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest — DATE OF BURIAL 11/7 1926

20 UNDERTAKER Jack Levin — ADDRESS 1439 E Baltimore St

TION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15597

CERTIFICATE OF DEATH.

161-002 E. 15597

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO._____

City of BALTIMORE: (No. _____ St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hankin

(a) RESIDENCE NO. ~~Mercy Hospital~~ St. _____ Ward _____

(Usual place of abode) 2906 Rockrose Ave (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 4, 1926

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
Infant.		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) .....

(State or country) Balto.

PARENTS

10 NAME OF FATHER Abraham Hankin

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) R.

12 MAIDEN NAME OF MOTHER Ida Bruman

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) R

14 Informant Hospital Record

(Address)

15 Filed _____, 19__ RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5- 19 26

17

I HEREBY CERTIFY, That I attended deceased from Nov 4, 19 26, to Nov 5, 19 26;

that I last saw him alive on Nov 5, 19 26;

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Meningeal Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. G. Motta M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Rosedale	11-7- 19 26
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balto

very important. See instructions on back of certificate.

Spec. 1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15598
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

70-5-31

E-15598
REGISTERED NO.

CITY OF BALTIMORE: (No. 14 S Monroe ST., WARD)

2-FULL NAME James Cornelius Smith

(a) RESIDENCE No. 14 S Monroe ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the~~ word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Margaret Smith

6 DATE OF BIRTH (month, day, and year) Jan 9 - 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore,

PARENTS

10 NAME OF FATHER John S Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Maggie Cragg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Margaret Smith
(Address) 14 S Monroe St

15 Filed [illegible] 19 [illegible] Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1926, to Nov 5, 1926, that I last saw him alive on Nov 4, 1926, and that death occurred, on the date stated above, at 9-15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
Laryngeal Tuberculosis

CONTRIBUTORY (Secondary) Pulmonary tuberculosis (duration) yrs. 3 mos. 2 ds.

(duration) yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James L Kozenberger M. D.

11/6, 1926 (Address) 1729 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bachman Cemetery	Oct 8. 1926

20 UNDERTAKER Robt J Turner Sr ADDRESS 1727 N Broadway

NOV 7 1926 C. [illegible] JONES, M. D.

TION is very important. See instructions on

Cor.—12-9-25—A Co.—200 Bks.

Minnis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15599

CERTIFICATE OF DEATH.

90 E 15599

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2443 Calhoun ave Ward 14-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Minnis

(a) RESIDENCE NO. 1914 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Minnis Sr

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Robert Clark Jr

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Clarkson

13 BIRTHPLACE OF MOTHER (city or town) Clarkson

(State or country)

14 Informant Howard Bizzell

(Address) 1305 N Stricker St

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

duration ....yrs. ....mos. ....ds.

(Signed) T. Jno. Mossessey M. D.

(Coroner)

11-7-26 (Address) 3932 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem Date of Burial Nov 7 1926

20 UNDERTAKER Samuel T. Busey ADDRESS 518 W Saratoga

very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15600

CERTIFICATE OF DEATH.

16 E-15600

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1307 Madison Ave St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Johnson

(a) Residence No. 1307 Madison Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Cole	Infant

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 11-5-26

7-AGE,	If LESS than 1 day,
.....yrs.....mos.....ds.	....hrs. or 10 min.?

8-OCCUPATION OF DECEASED

(a) Trade, professiou, or particular kind of work.....

(b) General nature of Industry, business, or establishment in which employed (or employer) Infant Son

(c) Name of employer.....

9-BIRTHPLACE (city or towu) Balto. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Arthur Johnson

11-BIRTHPLACE OF FATHER (city or town) Virginia (State or Country),

12-MAIDEN NAME OF MOTHER, Edith Wilson

13-BIRTHPLACE OF MOTHER (city or town) Balto. (State or Country), Md.

14- (Informant) Edith Gaul

(Address) 1307 Madison Ave

NOV 7 - 1926 [illegible] JONES, M. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-5-26

17- I HEREBY CERTIFY, That I attended deceased from 11-5-, 1926, to 11-5, 19 26, that I last saw h. alive on 11-5, 19 26, and that death occurred, on the date stated above, at 4.15 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Macco Wilkerson M. D.

11-5, 1926 (Address) 1730 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL, 1926
Laurel Cem	Nov 8
20-UNDERTAKER	ADDRESS
Samuel T Hensley	W Balto

Spec.—1-12-23—6883—500 Bks.

Mc Cauley.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15601 (6883)

E 15601 X 43

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

2-FULL NAME Callie McCauley

(a) RESIDENCE NO. Hillsboro N. Car ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Shelley Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car.

12 MAIDEN NAME OF MOTHER Sylvia McCauley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Car.

14 Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 1926, 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1926, to Nov. 6, 1926,

that I last saw h[illegible] alive on Nov. 6, 1926

and that death occurred, on the date stated above, at 2.40 a m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

secondary to Pedamandular

Epithelioma Jaw

(duration) 2 yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Nov 3

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Henry G Celeman, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hillsboro N C.	10/7/26 19
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Bway

Spec.—1-10-21—M&T—1500 Bks.

E-15602

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15602

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4103 Belview Av. ST. 28-1 WARD)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Jay Smith

(a) RESIDENCE NO. 4103 Belview Av ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? 58 yrs. 11 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Smith

6 DATE OF BIRTH (month, day, and year) Nov-8-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist — 026

(b) General nature of industry, business, or establishment in which employed (or employer) Chemistry

(c) Name of employer Sharpe & Dohme Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

PARENTS

10 NAME OF FATHER Thos. J. Smith

11 BIRTHPLACE OF FATHER (city or town) New York (State or country) New York State

12 MAIDEN NAME OF MOTHER Elizabeth J. Barton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland.

14 Informant Mrs Margaret M Smith (wife)

(Address) 4103 Belview Av.

15 Filed NOV 7 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1926.

17

I HEREBY CERTIFY, That I attended deceased from July 1st, 1926, to Nov. 7, 1926.

that I last saw h alive on Nov. 6, 1926

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Pneumonia T. B.

General T. B.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm G. Lamm, M. D.

(Address) 3321 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Nov-9-1926

20 UNDERTAKER Stewart & Green Company — ADDRESS Balto. Md.

C. [illegible] JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

E-15603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75-001 E-15603

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6005 Ready Av ST., 27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte I Bash

a) RESIDENCE NO. 6005 Ready Av ST., WARD Resident

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 90 yrs. 6 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John I. H. Bash

6 DATE OF BIRTH (month, day, and year) May-5-1836

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

PARENTS

10 NAME OF FATHER Henry Stays

11 BIRTHPLACE OF FATHER (city or town) (State or country) London England

12 MAIDEN NAME OF MOTHER Amelia Polgck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent England

14 Informant Mr. Harry M Bash (son)

(Address) 6005 Ready av.

15 Filed 7 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5/ 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1926, to Nov 4, 1926, that I last saw h alive on Oct 28, 1926, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH was as follows:

Pt Uraemia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo I Schaffner M. D.

, 19 (Address) 5835 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Nov 7th 26.

20 UNDERTAKER Stewart & Co — ADDRESS 158 W Madison

IT IS VERY IMPORTANT THAT ALL QUESTIONS BE ANSWERED FULLY AND ACCURATELY.

Spec.—1-12-23—M&T—500 Blks.

E-15604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15604

CERTIFICATE OF DEATH.

179

1-PLACE OF DEATH Mt Hope Retreat

CITY OF BALTIMORE: (No. 9 St., 28-1 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Walter

(a) RESIDENCE NO. Mt Hope Retreat St., Ward Resident (?)

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Unknown

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Unknown

14 Informant Mt Hope Retreat

(Address) C. HARRISON JONES, M. D.

15 Filed 11-7-1926, 19 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1926

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1924, to Nov 4, 1926, that I last saw h[illegible] alive on Nov 4, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(Arterio-sclerosis)

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Dementia

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Bell, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL Nov. 8 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOSSER, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15605

CERTIFICATE OF DEATH.

+ 46 E-15605

1-PLACE OF DEATH Church Home & Infirmary. 6-1

REGISTERED NO._____

City of BALTIMORE: (No._____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emelia Kohner

(a) RESIDENCE NO. St. Louis, Mo St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Kohner

6 DATE OF BIRTH (month, day, and year) July 10 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	56	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Freehold

(State or country) N.J.

PARENTS

10 NAME OF FATHER Louis Emerick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Harriet Ellerman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Louis Weinstock

(Address) 4516 Springdale Ave.

15 Filed NOV 7 - 1926 G. EDGAR JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1926 19

17

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1926, 19 26, to November 1, 1926,

that I last saw her alive on Nov. 7, 19 26,

and that death occurred, on the date stated above, at 1150 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ovary c general metastasis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home.

Did an operation precede death? yes Date of Sept 7, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry A. P. Wilson Jr., M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Louis, Mo. Date of Burial 11/7/1926

20 UNDERTAKER Harold Sondheim ADDRESS 118-20 W. Mt. Royal Ave.

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15606

CERTIFICATE OF DEATH.

90 E. 15606

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1632 E Madison St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John B Holmes

(a) RESIDENCE NO. 1632 E Madison St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Holmes

6 DATE OF BIRTH (month, day, and year) July 15 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Va

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va

14 Informant Mrs Annie Holmes

(Address) 1632 E Madison

15 Filed _____, 19____ Registrar

WT - 1926 C. E. JACKSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 20, 1926, to Nov 5, 1926, that I last saw h.. alive on Nov 4, 1925, and that death occurred, on the date stated above, at 4 30 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation

Chronic Valvular heart disease

(duration) ____ yrs. 6 mos. — ds.

CONTRIBUTORY _____

(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C. E. Jackson Jones, M. D.

Nov 7, 1926 (Address) 508 Somerset Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Auburn Cemetery Nov 8 1926

20 UNDERTAKER — ADDRESS

Wm L & Wm H. Bailey 1421 Jefferson St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15607

CERTIFICATE OF DEATH.

89 E, 15607

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apartments ST. Charles & 31st. 12-3 WARD)

2-FULL NAME Dr. C. Milton Wells

(a) RESIDENCE NO. Charles & 31st. ST. ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Rosa Fink

6 DATE OF BIRTH (month, day, and year) May 26, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	56	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer) 055

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER William Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Sarah Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Rosa F Wells
(Address) Homewood Apts—

15 Filed Nov 9, 1926 C. MARSHALL JONES, M. D. Registrar
For RM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1926, to Nov 6th, 1926,
that I last saw him alive on Nov 6th, 1926,
and that death occurred, on the date stated above, at 2.12 A m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 9 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Auscultation + C

(Signed) A. Augustus Horn, M. D.

, 19 (Address) 2808 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	11/8 1926
20 UNDERTAKER	ADDRESS
Henry K Mears & Son	505 N Calvert St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15608

101-001

E 15608

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 7-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Tsoukas

(a) RESIDENCE NO. 1717 Bank St., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectioner

(b) General nature of indnstry, business, or establishment in which employed (or employer) Stand In

(c) Name of employer Broadway market

9 BIRTHPLACE (city or town)

(State or country) Greece

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Greece

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Greece

14 Informant Jimmy Kakakos son

(Address) 1717 Bank St

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 31, 1926, to Nov 5, 1926, that I last saw h.. alive on Nov 5, 1926, and that death occurred, on the date stated above, at 2.40 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) General Weakness

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn cem Date of Burial Nov 7 1926

20 UNDERTAKER John M Weber ADDRESS 1803 Bank St

very important. See instructions on back of c

NOV 7 - 1926

HARRISON JONES, M. D.

Spec.—12-9-25—A Co.—200 Bks.

Austen

E-15609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15609.

90 E, 15609

REGISTERED NO.

CERTIFICATE OF DEATH.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1611 W. Lexington St. Ward 5-1)

2-FULL NAME Frances Deborah Austen

(a) RESIDENCE NO. 1611 W. Lexington St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William C Austen

6 DATE OF BIRTH (month, day, and year) — — 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Clinton

(State or country) N. C.

PARENTS

10 NAME OF FATHER Jno Bratton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Deborah Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Frances Austen

(Address) 1611 W. Lexington St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926 to Nov 5, 1926

that I last saw h[illegible] alive on Nov 4, 1926

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 20 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Campbell, M. D.

Nov 6, 1926 (Address) 1644 Harlem

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Lakewood Cem.	11/8 1926

20 UNDERTAKER J. Foley Sons ADDRESS 1318 Eighty

very important. See instructions on back of certificate.

CAUN

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15610

CERTIFICATE OF DEATH.

E, 15610

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 Patapsco St. Westport WARD) 25-4

2-FULL NAME Janet M. Zimmerman

(a) RESIDENCE No. 346 Patapsco St. Westport, WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): May 7, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Von Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Virginia

12 MAIDEN NAME OF MOTHER: Ruth Worthington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mr. Von Zimmerman
(Address) 346 Patapsco St. Westport

15 Filed ..... 19 ..... C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/4/, 1926, to 11/5/, 1926, that I last saw her alive on 11/5/, 1926, and that death occurred, on the date stated above, at 8.00 A.m.

The CAUSE OF DEATH* was as follows:

Acute broncho-pneumonia

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical findings.

(Signed) J. Willis Simpson M. D.

19 (Address) 237 Md. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Nov. 8 1926
20 UNDERTAKER: Nelson E. Stiles	ADDRESS: 231 Md Ave Westport

FROM a very important Record—Preserve Carefully

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15611

CERTIFICATE OF DEATH.

E, 15611

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Wyndhurst Ave ST. 7-6 WARD)

2-FULL NAME John Crawford Pickell

(a) RESIDENCE. No. 630 Wyndhurst Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Jeannette Miller

6 DATE OF BIRTH (month, day, and year) Sept 18-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mrs. C. R. Pickell.
(Address) 630 Wyndhurst Ave

15 Filed NOV 8 - 1926 Per [illegible] C. RAYSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from January 20. 1926 to Nov. 7 1926 that I last saw him alive on Nov. 6. 1926 and that death occurred, on the date stated above, at 3:20 m

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Signs

(Signed) W. Rupaul, M. D.

, 19 (Address) 743 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsburg Pa.	Nov. 8 26
20 UNDERTAKER	ADDRESS
Hughes & Jones Inc	1417 N. Bdy

Spec.—6-9-19—H. P. Co.—1000 Bks.

E, 15612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E, 15612

90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Woodyear St. 17 WARD)

2-FULL NAME Yorella Dorsey

(a) RESIDENCE. No. 810 Woodyear ST., ... WARD. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Dorsey.

6 DATE OF BIRTH (month, day, and year) ~~May~~ September 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Benj. Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown 11/6 26

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Henry Dorsey
(Address) 810 Woodyear St.

15 Filed ..... 1926 ..... Registrar

V8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1926, to November 3, 1926, that I last saw he alive on November 3, 1926, and that death occurred, on the date stated above, at 8 10 A. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Virginia G. Brooks	Nov. 8 1926

20 UNDERTAKER St. Peters ADDRESS 1463 N. Carey ~~1463 Harford St.~~

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15613

CERTIFICATE OF DEATH.

122 E, 15613

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N. Amity St ST. 18-2 WARD) REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Scott

(Residence in Baltimore: No. 125 N. Amity St St.; 40 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mall

4-COLOR OR RACE, Col

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH, June 6, 1886
(Month) (Day) (Year)

7-AGE 40 yrs. 5 mos. ..... ds. If LESS than 1 day, ...hrs. or .....mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040

9-BIRTHPLACE, (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, James F. Scott

11-BIRTHPLACE OF FATHER (State or Country), Annapolis, Md.

12-MAIDEN NAME OF MOTHER Carrie Simmons

13-BIRTHPLACE OF MOTHER (State or Country), Annapolis, Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Scott

(Address) 125 N. Amity St.

15- C. MARION JONES, M. D.

Filed ..... 191.....

OV8 - 1926 per RR Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 6 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 10-30-26 191..., to 11-6-26 191..., that I saw him alive on ..... 191..., and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Catarrhal Jaundice

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) Hepatic Cyrrhosis

(Duration) ..... yrs. 3 mos. ..... ds.

(Signed) Willard Bell M. D.

11-6-26, 191... (Address) 1524 Druid Hill Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn Cemetery

DATE OF BURIAL, Nov. 10, 1926.

20-UNDERTAKER Mrs. Kate R. Williams

ADDRESS 322 N. Schroeder St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15614

CERTIFICATE OF DEATH.

31 E 15614

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1225 Division St ST., 17-1 WARD)

2-FULL NAME John Sandridge

(a) RESIDENCE NO. 1225 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) mr Smith

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex co. Va.

PARENTS

10 NAME OF FATHER Linsey Sandridge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucy Ann Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Etta Sandridge

(Address) 1225 Division St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1926, to Nov. 7, 1926, that I last saw him alive on Nov. 7, 1926 and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Mueller, M. D

Nov 7 1926 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Fairmount Va	Nov 8/26
20 UNDERTAKER	ADDRESS
Daniel Easton	Home

8 - 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15615

CERTIFICATE OF DEATH.

90

E, 15615

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No._____ St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Gunbeck (Ruker)

(a) RESIDENCE NO. 1928 Etting St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored ~~White~~	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Gunbeck

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant City Hospital
(Address)

15 Filed NOV 8 - 1926, 19 C. W. Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 19 26

17 I HEREBY CERTIFY, That I attended deceased from October 1, 19 26, to November 5, 19 26, that I last saw h~~e~~r alive on November 5, 19 26, and that death occurred, on the date stated above, at 10 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis Insufficiency

Mitral Insufficiency

Uremic Convulsions

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general + laboratory

(Signed) E. Hooper Smith, M. D.

November 19 27 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Samuel Cem Date of Burial Nov 8/926

20 UNDERTAKER Hamel Easton ADDRESS 916 Eutaw

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15616

CERTIFICATE OF DEATH.

90 E, 15616

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 St. Paul ST. 12-3 WARD)

2-FULL NAME William W. McCubbin

(a) RESIDENCE NO. 2829 St. Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine Belcher

6 DATE OF BIRTH (month, day, and year) Mar. 3, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 045

(b) General nature of industry, business, or establishment in which employed (or employer) Coffee Merchant

(c) Name of employer Levering Coffee Co.

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER John D. McCubbin

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Maria Hall

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Madge Simpson

(Address) 2829 St. Paul Street

15 Filed NOV 8 - 1926 19 C. HARRISON JONES, M. D. Per R.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6th 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1926, to Nov 6th, 1926, that I last saw h.. alive on Nov 5th, 1926, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Valv. Endocarditis with Acute Dilitation of Heart.

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferies Buck, M. D.

11/6, 1926 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	11/8 1926
20 UNDERTAKER Henry A. Mears and Son	ADDRESS 500 N. Calvert St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15617 — PLACE OF DEATH

74 5001 ✓

E 15617 — REGISTERED NO.

CITY OF BALTIMORE: (No.) 1012 W 38th St. (Ward) 13-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Geo. Washington Elgin

(a) RESIDENCE. No. 1012 W 38th St. ST., 13 WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie V. Elgin

6 DATE OF BIRTH (month, day, and year) Apr 17 — 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Commercial - W

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Campbell Co. Va.

PARENTS

10 NAME OF FATHER Frank Elgin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Mattie V. Elgin (Address) 1012 W 38th St.

15 Filed NOV - 1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1926, to Nov 6, 1926, that I last saw h alive on Nov 5, 1926, and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

See remarks

O. K. J. Morrissey (Coroner)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia, (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) R. G. Dorsett, M. D.

11-7, 1926 (Address) 3347 Gwynns Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Nov 8 1926

20 UNDERTAKER: A. S. Marshall — ADDRESS: 2539 Gall Road

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15618

CERTIFICATE OF DEATH.

15-13 128 E 15618

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1705 Creasbury ST. (WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha James

(a) RESIDENCE NO. 1705 Creasbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward James

6 DATE OF BIRTH (month, day, and year): May 5 1881

7 AGE — Years: 45 | Months: 6 | Days: 2 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md

PARENTS

10 NAME OF FATHER: William Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Rebecca Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant (Address): Edward James 1705 Creasbury St

15 Filed NOV 8 - 1926 THOMAS JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 17 1926 to Nov 6th 1926

that I last saw h-er alive on Nov 6th 1926

and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis (Chron)

(duration) 1 yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Lauenbach M. D.

(Address) 2215 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Nov 9 1926

20 UNDERTAKER: A S Marshall 3538 Pal Rd

ADDRESS

Spec.—1-12-23—M&T—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15619

CERTIFICATE OF DEATH.

89

E. 15619

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Gorsuch Ave. WARD) 4-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reginald Bowie

(a) RESIDENCE NO. 1132 Gorsuch Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Bowie

6 DATE OF BIRTH (month, day, and year) Dec 14 76

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	69	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm W. Bowie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Blanch Bowie

(Address) 1132 Gorsuch ave.

15 Filed NOV 8 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1926, to Nov. 1926, that I last saw him alive on Oct 16th 1926 and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Malcolm Black, M. D.

, 19 (Address) 3006 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Nov 8 1926

20 UNDERTAKER W M Rouleau

ADDRESS 2238 N Mtb

Spec–12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15620

CERTIFICATE OF DEATH.

84 E, 15620

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2937 Calvert St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Anna Fargo

(a) Residence No. 2937 Calvert St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE, W

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Russell Fargo

6-DATE OF BIRTH (month, day and year) Dec 24 1858

7-AGE. 67 yrs. 10 mos. 6 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housemaid

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Virginia

PARENTS.

10-NAME OF FATHER, George William Kendall

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Josephine Eustace

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant) Jessie Kent Fargo

(Address) 2937 Calvert St

15- [illegible] 192.. PATTERSON JONES, M.D.

Registrar.

0748 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). NOV 6 1926

17- I HEREBY CERTIFY, That I attended deceased from June 27, 19.6.. to NOV 6, 19.26.

that I last saw her alive on NOV 6, 19.26.

and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(Duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? 746 Dolphin St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Fritz J Kinzey M. D.

Nov 6, 1926 (Address) 760 Binford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL, NOV 8, 1926

20-UNDERTAKER, H M Routzon

ADDRESS 2238 W Balto

Spec.—1-12-23—M&T—500 Blks.

15621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15621

1-PLACE OF DEATH 5404 Park Heights Ave., Home 27-2 90

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 5404 Park Heights Ave., ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Mary Link

(a) RESIDENCE NO. 5404 Park Heights Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edward Wagner.

6 DATE OF BIRTH (month, day, and year) Oct. 6, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleswoman. 067

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hutzler Bros.

9 BIRTHPLACE (city or town) Baltimore Maryland
(State or country)

PARENTS

10 NAME OF FATHER Geo. E. Link

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) county, Maryland.

12 MAIDEN NAME OF MOTHER Ada H. Kaatz

13 BIRTHPLACE OF MOTHER (city or town) Philadelphia
(State or country) Pa.

14 Informant Geo E. Link
(Address) 5404 Park Heights Ave

15 Filed NOV 8 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1926, to Nov. 7, 1926, that I last saw her alive on Nov. 6, 1926, and that death occurred, on the date stated above, at 10.15 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Coronary Thrombosis

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray.

(Signed) John T. Hruska, M. D.

, 19 (Address) 20 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Nov 10 1926

20 UNDERTAKER W M Routson

ADDRESS 2230 N Monroe

Spec.—12-9-25—A Co.—200 Bks.

E 15622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-004

E 15622

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 N. Eleventh St. 7th Ward)

2-FULL NAME John F. Hofstetter

(a) RESIDENCE NO. 14 N. Eleventh St. 24 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida L Hofstetter.

6 DATE OF BIRTH (month, day, and year) July 26-1873

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
53	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman at Central

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry Dundalk

(c) Name of employer

9 BIRTHPLACE (city or town) Rosedale Balto Co 47

(State or country) Md.

PARENTS

10 NAME OF FATHER John Hofstetter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Zeppes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Ida L Hofstetter Wife

(Address) 14 N. Eleventh St

Filed NOV 8 - 1926 H. LESLIE JONES, M. D. Registrar

Per L K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5th 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1926 to Nov 5 1926, that I last saw him alive on Nov. 4 1926, and that death occurred, on the date stated above, at 12.05 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Frank A. Blank, M. D.

11/6-1926 (Address) 324 Eastend Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial Nov. 8th 1926

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St

Very Important. See instructions on back of

Spec.—1-10-21—M&T—1500 Bks.

E, 15623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

62

REGISTERED NO. E, 15623

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Bretton Place ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Davis -

(a) RESIDENCE NO. 409 Bretton Place ST. ..... WARD

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ~~Nov~~ Oct. 5, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md

(State or country) Maryland General Hospital

PARENTS

10 NAME OF FATHER John W. Davis

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Texas

12 MAIDEN NAME OF MOTHER Elizabeth Rogers

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Kentucky

14 Informant Mrs E Rees

(Address) 409 Bretton Place.

15 Filed NOV 8 1926 THEODORE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1926, to Nov 6, 1926, that I last saw him alive on Nov 6, 1926 and that death occurred, on the date stated above, at 12.15 p. m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus

(Enlarged Thymus)

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical + X Ray

(Signed) John A. Fenby M. D.

11/6, 1926 (Address) 405 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov. 8 1926

20 UNDERTAKER Mary M. Riddelsdell ADDRESS 22 501 E. [redacted] St

TION IS VERY IMPORTANT.

NOV 8 1926

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15624 — 49 E 15624

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 W. Franklin ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William R. Smiley

(a) RESIDENCE NO. 937 W. Franklin ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Smiley

6 DATE OF BIRTH (month, day, and year) 9/28/1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	68	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work State Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) Co. 004

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Smiley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Martha Greenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Mary M. Smiley

(Address) 937 W Franklin St

15 Filed 19 Per Registrar

V8 - 1926

C. H. [illegible] JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from March 25th, 1926, to November 5th 1926, that I last saw h im alive on November 5th., 1926, and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate.

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? yes Date of Oct. 5, '26

Was there an autopsy? No

What test confirmed diagnosis? ----------

(Signed) Wilberon D. Green, M. D.

, 19 (Address) 2827 N. Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 11 8 1926

20 UNDERTAKER George J Ruth

ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15625

CERTIFICATE OF DEATH.

44 E, 15625

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 E. Henrietta ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lemuel Bowie Reign

(a) RESIDENCE NO. 35 E. Henrietta ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Reign

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	62	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer) Pickler

(c) Name of employer Geo. Panzer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER David Milford Reign

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elinor A. Crooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frederick E. Reign

(Address) 35 E. Henrietta St.

15 Filed 5-1926 CERTIFIED, Registrar

Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1926, to Nov. 7th, 1926, that I last saw him alive on Nov 6th, 1926, and that death occurred, on the date stated above, at 2.45 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

(duration) — yrs. — mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? On floor of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Otto Kleibel M.D.

11/8, 1926 (Address) 1524 36 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL Nov 9 1926

20 UNDERTAKER John F. Denny

ADDRESS 715 Light

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15626

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E-15626

REGISTERED NO.

CITY OF BALTIMORE: (No. 308 W. Preston St. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cassandra Ross

(a) RESIDENCE. No. 308 W. Preston St., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of widow

6 DATE OF BIRTH (month, day, and year) 2-22-1835

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Ross
(Address) 1705 Orleans St.

15 Filed NOV 8 - 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1926, to Nov. 5, 1926, that I last saw her alive on Nov. 5, 1926, and that death occurred, on the date stated above, at 11:45 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic Interstitial)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency
General Debility
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

. 19 (Address) 1029 Madison Avenue

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wm J. Gr Laurel Cem	Nov. 8 1926
20 UNDERTAKER Wm J. G. Soc Co	ADDRESS 1302 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

E. 15627

HEALTH DEPARTMENT—CITY OF BALTIMORE

136 E. 15627

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 18-W WARD)

2-FULL NAME Baby John A. Rucker

(a) RESIDENCE NO. 902 Holland ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1. 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER John A. Rucker

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Addie Fox

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore Md.

14 Informant John A Rucker
(Address) 902 Holland St.

15 Filed NOV 8 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 4, 1926, to Nov. 6, 1926, that I last saw him alive on Nov. 6, 1926, and that death occurred, on the date stated above, at 10:10 p m.

The CAUSE OF DEATH* was as follows:

Hemophilliac
Circumcision

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hemophilliac.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Nov. 3 - 1926

Was there an autopsy? None?

What test confirmed diagnosis? Clinical

(Signed) H. L. McGinnally, M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Cathedral Cem	Nov 8 - 1926
20 UNDERTAKER	ADDRESS
John J. Cowan & Son	1201 E. Hollins St.

TION is very important. See instructions.

Spec—12-23-21—E.B.R.S.—400 Bks.

E-15628 HEALTH DEPARTMENT—CITY OF BALTIMORE E-15628

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Registered No. 129

City of BALTIMORE: (No. 1158 Hanticoke St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Neubert

(a) Residence No. 1158 Hanticoke St., 21 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, Married, Widowed, or Divorced, (Write the word) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John Neubert

6-DATE OF BIRTH (month, day and year) July 29 1848

7-AGE 78 yrs. 3 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Germany

PARENTS.

10-NAME OF FATHER, Geo Opatz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country)

14-Informant (Informant) Mrs Neubert Sr (Address) 1158 Hanticoke St

15-Filed NOV 3 - 1926 By C. ATKINSON JONES, LL. D. Registrar. K K

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 5 26

17-I HEREBY CERTIFY, That I attended deceased from Oct 15 26 to Nov 5 26

that I last saw h. alive on Nov. 4 26

and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) John Schwemmer M. D.

Nov 5 1926 (Address) 1158 Hanticoke St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, London Park — DATE OF BURIAL, Nov 8 1926

20-UNDERTAKER, Mrs. Mrs. John W. Luckett & Son — ADDRESS 801 W. Fayette

Spec.—12-9-25—A Co.—200 Blks.

E, 15629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E, 15629

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 606 N. Kenwood Ave St., 7-3 Ward)

2-FULL NAME Minnie Tucker

(a) RESIDENCE NO. 606 N. Kenwood Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Tucker

6 DATE OF BIRTH (month, day, and year): Jan 7. 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER: August Grau

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

14 Informant: Minnie Tucker

(Address) 606 N. Kenwood Ave

15 Filed _____ 19____ Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: Nov. 5.

17 I HEREBY CERTIFY, That I attended deceased from June 1st 1926, to Nov 5 - , 1926

that I last saw her alive on Nov 4 - , 1926

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) none

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick H. Herrmann, M. D.

11-5-26 (Address) 1913 E. Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Nov. 9. 1926

20 UNDERTAKER: Mrs. John H. Kuefler — ADDRESS: 809 N. Eutaw St

very important. See instructions on back of

0V8-1926

Spec.—1-10-21—M&T—1500 Bks.

E 15630 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 15630

Thekla Schuler

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 9-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Thekla Schuler

(a) RESIDENCE NO. St Josephs Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 8. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None — 660

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mathias Tüerst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany —

12 MAIDEN NAME OF MOTHER Anastasia Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Sister Augustine (Address) St Josephs Hospital

15 Filed Per Registrar

V8 - 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8/26 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1926, to Nov 8, 1926, that I last saw her alive on Nov 8, 1926 and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.
Chr. Nephritis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Asthma Cardiac Dilatation 5 ds.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? None.

What test confirmed diagnosis? Clinical

(Signed) H. K. McConnell M. D.

11/9, 1926 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reading Pa. DATE OF BURIAL Nov. 8 1926

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15631

CERTIFICATE OF DEATH.

101-001

E-15631

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Elmora Ave ST. 8-1 WARD)

2-FULL NAME James. F. Greek

(a) RESIDENCE NO. 3317 Elmora Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary F. Greek

6 DATE OF BIRTH (month, day, and year) Jan. 14 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Crow Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) 047

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10 NAME OF FATHER James. F. Greek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Jennie R. Brock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs Mary R. Greek

(Address) 3317 Elmora Ave

Filed NOV 8 - 1926 C. H. [illegible]

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1926, to Nov. 7, 1926, that I last saw him alive on Nov 7, 1926, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Polar pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward F. Green, M. D.

11-8, 1926 (Address) 120 Cargill St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 9 1926

20 UNDERTAKER	ADDRESS
Henry Hoerth Son	1301 E Eager St

Spec.—1-10-21—M&T—1500 Blks.

15632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E, 15632

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 E Eager ST., 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Didszoneit

(a) RESIDENCE NO. 1305 E Eager ST., 10 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2nd 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	52	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frederick A. Didszoneit

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Newyerss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna L. Schmidt

(Address) 1305 E Eager St

15 Filed 19 Registrar

OVS - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from July 16, 1926, to Nov. 7, 1926

that I last saw him alive on Nov 7, 1926

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank B. Wagner, M. D.

11/8, 1926 (Address) 1026 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emanuel Cemetery (Govanstown)	Nov. 10 1926

20 UNDERTAKER Henry Storck Son ADDRESS 1301 E Eager St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15633

E 15633

CERTIFICATE OF DEATH.

REGISTERED NO. 24-2 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 Jackson St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda A. Navrington

(a) RESIDENCE NO. 1640 Jackson St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Patrick W. Navrington

6 DATE OF BIRTH (month, day, and year) Oct. 27, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	53	—	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Franklin, P.O. Pa.
(State or country) Franklin

PARENTS

10 NAME OF FATHER John Ryder

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Sweden

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Sweden

14 Informant Mrs Amanda Navrington
(Address) 1640 Jackson St.

15 Filed 11-9, 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from 9. 1. 1926 to 11. 5. 1926

that I last saw her alive on 11. 5 1926

and that death occurred, on the date stated above, at 12 45 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

Four Years
(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J Edward Norris M. D.

11/6, 1926 (Address) 107 East West st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Nov. 9, 1926

20 UNDERTAKER Chas. L. Stern.

ADDRESS 501 E Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-15634

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Aisquith St ST. 24-3 WARD)

REGISTERED NO. 90 E 15634

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sylester Frederick Russell

(a) RESIDENCE NO. 1424 Aisquith. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Kamishis

6 DATE OF BIRTH (month, day, and year) June 25 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 074

(b) General nature of industry, business, or establishment in which employed (or employer) Ship work.

(c) Name of employer Baltic Dry Docks

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Ida Noral.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Augusta Russell. wife) (Address) 1424 Aisquith St

15 Filed , 19 Registrar

V8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924 to Nov 6, 1926.

that I last saw h alive on Nov 5, 1926

and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Acute Mitral Regurgitation

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Depres. Melancholia

(duration) 5 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) Chas S. Stevens, M. D.

11 7 1926 (Address) 2512 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eccles Hall — DATE OF BURIAL Nov. 5 1926

20 UNDERTAKER Chas. S. Stevens. — ADDRESS 1501 E Fort Ave.

Cor.—12-9-25—A Co.—200 Bks.

Hawkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

E 15635

CERTIFICATE OF DEATH.

E 15635

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Mercy Hospt. St. 11-3 Ward)

2-FULL NAME Raymond E. Hawkins

(a) RESIDENCE NO. 220 E. Hamilton St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29 1914

7 AGE — Years: 12 Months: 6 Days: 5 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schol Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Thomas Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Hankin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mary Hankin

(Address) 220 E. Hamilton St

Filed ..... 192 .....

Registrar .....

Very Important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4th Nov 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. skull accidentally struck by Auto

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) W. J. Kelly M. D.

Cor. 8/26, 19 (Coroner) (Address) 1659 Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 0 yrs., 0 mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: 11/8/26

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Eastern Ave

048 - 1926

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 15636 DEATH

REGISTERED NO. E 15636

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 631 N. Bond ST., 7-1 WARD)

2-FULL NAME Ella Harbert

(a) RESIDENCE NO. 631 N Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: about 32 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md.

PARENTS

10 NAME OF FATHER: Wm Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mary Johnson (Address): 631 N. Bond St.

15 Filed ..... 19 ..... Registrar

Per .....

8 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1926, to Nov. 5, 1926, that I last saw her alive on Nov. 5, 1926, and that death occurred, on the date stated above, at 11.15A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr G W Kennard M. D.

11-6, 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chase Md. — DATE OF BURIAL: 11/8/26

20 UNDERTAKER: Mrs R A. Elliott — ADDRESS: 720 Aisquith

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-15637

124 E. 15637

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 Baltimore general St. Hosp. ST. 463 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Julia Hax.

(a) RESIDENCE NO. 2813 West Lanvale ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Hax

6 DATE OF BIRTH (month, day, and year) June 28, 1878.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Farr

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER M. Eellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Wst Baltimore Gen Hospital

15 Filed ..... 19.. ..... Registrar

C. [illegible] JONES, M. D.

OV 8 - 1926 RAK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7 1926

17

I HEREBY CERTIFY, That I attended deceased from 10 22, 1926, to 11/7, 1926,

that I last saw her alive on 11/7, 1926,

and that death occurred, on the date stated above, at 2 00 a m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis 4 months

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/24/26 General of State Hospital

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Arnold Jensen, M. D.

11/7, 1926 (Address) West Baltimore General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 11/10 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Northern

Spec.—1-12-23—M&T—500 Blks.

96 & 43 E-15638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-002

E-15638

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 17-2 WARD)

2-FULL NAME Annie Loftus

(a) RESIDENCE NO. 719 W-28 2d ST. City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Loftus

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: Years 61 yrs. | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse Trained 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER John Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Betsy Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Date NOV 8 - 1926 FILED Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1926, to Nov 2, 1926, that I last saw her alive on Nov 2, 1926, and that death occurred, on the date stated above, at 12 20 P.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Oct 25

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry A. Peterman, M. D.

, 19 (Address) Johns Hopkins Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral — DATE OF BURIAL 11/9 1926

UNDERTAKER Wm Cook — ADDRESS 502 E North

Spec.—12-9-25—A Co.—200 Bks.

Dr Nelson 1001 N Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15639

CERTIFICATE OF DEATH.

74-001

E 15639 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1199 N. Fulton Ave 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reasin T Driver

(a) RESIDENCE NO. 1199 N Fulton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Driver

6 DATE OF BIRTH (month, day, and year): Oct 10. 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): P. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town): Carroll Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Geo. T. Driver

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mcknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Henrietta Driver

(Address): 1199 N. Fulton Ave

15 Filed ..... 19.. ..... Registrar

VB - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1926, to Nov 6, 1926, that I last saw h.. alive on Nov 6, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 1 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas Dilson, M. D.

, 19 (Address) 1001 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Poplar Springs, Howard Co. Md

Date of Burial 11/9 1926

20 UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

Very Important. See instructions on back.

Spec—12-20-21—E.B.R.S.—400 Bks.

E₁ 15640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E₁ 15640

CERTIFICATE OF DEATH.

129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2911 Hudson St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholas Phillips

(a) Residence No. 2911 Hudson St., 1st Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed, or Divorced, (Write the word.) married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Phillips

6-DATE OF BIRTH (month, day and year) Nov. 30. 1844

7-AGE. 81 yrs. 11 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) house build

(c) Name of employer A. Cabinet maker

9-BIRTHPLACE (city or town). Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Leonard Phillips

11-BIRTHPLACE OF FATHER (city or town) not known (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Christina Warner

13-BIRTHPLACE OF MOTHER (city or town) not known (State or Country), Germany

14- (Informant) Miss Mary E. Phillips

(Address) 2911 Hudson St.

15- 19 Registrar.

NOV 8 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 6 1926.

17- I HEREBY CERTIFY, That I attended deceased from ..... 1920 to Nov 6 1926

that I last saw h. in alive on Nov 6 1926

and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH* was as follows:

Chronic cystitis (+ Nephritis)

with urinary retention

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile complication

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

11/8/ 1926 (Address) 1019 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL W. Laurel Cem. — DATE OF BURIAL, Nov 8, 1926

20-UNDERTAKER, W. H. Cook — ADDRESS 502 E. Fayette

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15641

CERTIFICATE OF DEATH.

11-00

E. 15641

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 115 Montebello Terrace ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Dippoldsmann

(a) RESIDENCE NO. 115 Montebello Terrace ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margartha Dippoldsmann

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	II	I8 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lembach
(State or country) Germany

PARENTS

10 NAME OF FATHER Johann Dippoldsmann

11 BIRTHPLACE OF FATHER (city or town) Lembach
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Toepfer

13 BIRTHPLACE OF MOTHER (city or town) Lembach
(State or country) Germany

14 Informant (Address) Mrs. Henry Dippoldsmann 115 Montebello Terrace

15 Filed 11-8-1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 19, 1926, to Nov 5, 1926,

that I last saw h alive on Nov 4, 1926,

and that death occurred, on the date stated above, at 5 a, m.

The CAUSE OF DEATH* was as follows:

Acute Interstitial Nephritis (Toxic)

(duration) , yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Otis Murray, M. D.

, 19 (Address) 517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 11/8/26 19

20 UNDERTAKER Harry H. Dritz & Co

ADDRESS 531 W. Lombard

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15642

CERTIFICATE OF DEATH.

90 E. 15642

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 Washington Ave. ST., 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lulu A. Smith

(a) RESIDENCE NO. 743 Washington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis A. Smith

6 DATE OF BIRTH (month, day, and year) Sept 4, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Benj. Williamson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Henrietta Tucker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Frank B. Smith
(Address) 743 Washington Ave

15 Filed NOV 8 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3 .1926. to Nov. 5 .1926.

that I last saw h alive on Nov. 5 .1926.

and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dudley Hoag, M. D.

Nov. 1926 (Address) 743 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov 8 1926

20 UNDERTAKER: Harry H. Dietz Co — ADDRESS: 5314 W. Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15643

CERTIFICATE OF DEATH.

74-001

E 15643

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3500 Benson St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda A Taylor

(a) RESIDENCE NO. 3500 Benson St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William A. Taylor

6 DATE OF BIRTH (month, day, and year): April 1 1858

7 AGE — Years: 68 — Months: 7 — Days: 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER William Lovell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Lovell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs. John G. Lovell

(Address) 3500 Benson St.

Filed ... H. J. JONES, M. D.

Registrar

NOV 8 - 1926

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 6- 26

17

I HEREBY CERTIFY, That I attended deceased from Nov 4 1926 to Nov 6, 1926

that I last saw her alive on Nov 6, 1926,

and that death occurred, on the date stated above, at 8.25 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ...yrs. ...mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. H. Anderson, M. D.

, 19 (Address) 1 E 20 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Marys Frankford — Date of Burial: Nov. 9 1926

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Road

Cor.—12-9-25—A Co.—200 Bks.

Regina Hartman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15644

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

+ 188-003

E 15644

REGISTERED NO.

City of BALTIMORE: (No. City Hospital St. No 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Regina Hartman

(a) RESIDENCE NO. 222 Flagship Rd St. Dundalk Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Hartman

6 DATE OF BIRTH (month, day, and year): Oct 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 039

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Austria

PARENTS

10 NAME OF FATHER Schobbe

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Austria

12 MAIDEN NAME OF MOTHER Joshua Hartman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Austria

14 Informant: John Hartman

(Address) 222 Flagship Rd

15 Filed ..... 19 ..... Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Auto Accident Fracture of Skull

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Shock

(duration) ....yrs. ....mos. ....ds.

Nov 4 26 (Signed) J. E. Blake M. D.

, 19 (Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Cemetery Date of Burial: Nov 8 1926

20 UNDERTAKER: J. G. Moran ADDRESS 300 E Balto.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15645

CERTIFICATE OF DEATH.

E. 15645

1-PLACE OF DEATH

City of BALTIMORE: (No. 1213 Bricoe St. 21-V Ward) 74-001

2-FULL NAME Frederick Mathews

(a) RESIDENCE NO. 1213 Bricoe St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Mathews

6 DATE OF BIRTH (month, day and year): June 27. 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Glass Blower

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Mathews

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Tarbet

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Edward Shilow

(Address): 1012 W Cross St.

15 Filed: 1926 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 7 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Nov 7, 1926, that I last saw h— alive on Nov 7, 1926, and that death occurred, on the date stated above, at 100 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Paralysis Agitans

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herbert Dam, M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial 11/11 1926

20 UNDERTAKER: H. M. Cook — ADDRESS 502 E North Ave.

Spec.—1-10-21—M&T—1500 Bks.

E, 15646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 E, 15646

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. St. 1-1 Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Pinas

(a) RESIDENCE No. 240 S. Patterson Pk. Ave St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-6-26.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
15 minutes				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Nicholas Pinas

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Greece

12 MAIDEN NAME OF MOTHER Evelyn Smidechiotes

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Greece

14 Informant Nicholas Pinas
(Address) 240 S. Patterson Pk.

15 Filed NOV 8 1926, 19 .... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-6. 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-6, 1926, to 11-6, 1926.

that I last saw h alive on 11-6, 1926,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prolonged Labor

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sig no

(Signed) [illegible] M. D.

11/7. 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Nov 8 1926
20 UNDERTAKER	**ADDRESS**
John A Weber	1803 Bank st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15647

REGISTERED NO. E 15647

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. T.B.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Stamer

(a) RESIDENCE NO. Hollins Ferry Rd. & Smith ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth Unknown yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Stamer

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Carl Stamer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Sick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Hospital Records

(Address)

Filed NOV 8 1926 Per JONES, H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Nov. 5, 1926,

that I last saw him alive on Nov. 5, 1926,

and that death occurred, on the date stated above, at 6.45 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardio vascular disease with hypertension.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. E. Kathens, M. D.

11-6-1926 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. Date of Burial Nov 8 1926

20 UNDERTAKER Harry H. Witzke ADDRESS Lombard & Gilmor.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15648

135 E 15648

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ned McAlister

(a) RESIDENCE NO. 787 W Mulberry St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) South Carolina

(State or country)

PARENTS

10 NAME OF FATHER Ellis McAlister

11 BIRTHPLACE OF FATHER (city or town)

(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Mally.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina

14 Informant

(Address)

Filed NOV 8 - 1926 Per 0779 C. MATSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 4, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1926, to Nov. 4, 1926

that I last saw him alive on Nov. 4, 1926 19

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

1 Benign Prostatic Hypertrophy

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Acute Renal Suppression

(duration) yrs. mos. 1 ds.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? yes Date of Nov. 3, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sign & Operation

(Signed) M. Caswell, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

NOV 5 - 1926

COMMISSIONER of Health.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15649

CERTIFICATE OF DEATH.

161-06

E 15649

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 7-3 WARD)

2-FULL NAME Unnamed babe Yakel

(a) RESIDENCE NO. 527 N Ellwood Ave ST. WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov 6 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				2 hrs. 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Robt L Yakel

11 BIRTHPLACE OF FATHER (city or town) Western Md
(State or country)

12 MAIDEN NAME OF MOTHER Katharine Stones

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co Md
(State or country)

14 Informant Robt L Yakel
(Address) 527 N Ellwood

15 Filed NOV 8 1926 19 .....
Registrar

V8 - 1926 0780

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1926, to Nov 6, 1926.

that I last saw him alive on Nov 6, 1926

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph Estrop, M. D.

, 19 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health. NOV 8 1926

E. WOODALL

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15650

CERTIFICATE OF DEATH.

159-002

E 15650

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2006 E. Lafayette St., 8-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME William J. Mairs

(a) RESIDENCE NO. 2006 E Lafayette ave St._____ Ward_____

(Usual place of nbode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 5 1926

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 000

(b) General nature of industry, business, or establishment in which employed (or employer) (Infant.)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) City

PARENTS

10 NAME OF FATHER Fred H. Mairs

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) City

12 MAIDEN NAME OF MOTHER Ethel Shumaker

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) City

14 Informant Fred H. Mairs

(Address) 2006 E Lafayette ave

15 Filed_____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1926 19

17

I HEREBY CERTIFY, That I attended deceased from Aug 3, 1926, to Nov. 7, 1926, that I last saw him alive on Nov. 6, 1926, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Incomplete closure of foramen Ovale. Congenital Heart disease.

(duration) ....yrs. 3 mos. 2 ds.

CONTRIBUTORY Bronchitis

(Secondary)

(duration) ....yrs. ....mos. 6 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Ethel Shumaker, M. D.

19 (Address) 1635 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Baltimore Cemetery Nov 8 1926

20 UNDERTAKER — ADDRESS

E J Fanning & Son 1938 E Lafayette ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-15651 PLACE OF DEATH

31

REGISTERED No. E-15651

City of BALTIMORE: (No. 905 N. Port St., 7-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Anna Slivka

(a) RESIDENCE NO. 905 N Port St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowe

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Slivka

6 DATE OF BIRTH (month, day, and year): Dec 4 1893

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
33	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: George Rady

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Austria

12 MAIDEN NAME OF MOTHER: Theresa Petrovich

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Austria

14 Informant: Theresa Rady

(Address) 905 N Port St

15 Filed ..... 19 ..... C. EMERSON JONES, JR. Registrar

V8 - 1526 Per. R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 7 19 26

17 I HEREBY CERTIFY, That I attended deceased from Mar 7 19 26, to Mar 7 19 26, that I last saw h.. alive on Mar 6 19 26, and that death occurred, on the date stated above, at 12 20 A. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) 600 N Port St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Mar 9 1926

20 UNDERTAKER: Frank Evans Son ADDRESS 1966 Maund

Rec.—1-12-23—MAT—500 Blks.

E-15652 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 76-2 179 REGISTERED NO. E-15652

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3917 Fait ave (St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore G. Jacoby

(a) RESIDENCE No. 3917 Fait ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Jacoby

6 DATE OF BIRTH (month, day, and year) Oct. 25-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	-	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Copper Smelter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Frank J. Jacoby
(Address) 3917 Fait ave

Filed NOV 8 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Jly, 1926, to Nov 8, 1926 that I last saw h[illegible] alive on Nov 7, 1926 and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulm Oedema
Chr Myocarditis

(duration) 2 yrs 11 mos ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis
Arterio Sclerosis yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. G. Sadler M. D.

(Address) 3312 E Baltimore

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL Nov. 11 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E Eager St.

Spec.—1-12-23—M&T—500 Bks.

E-15653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E-15653

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Abell Ave. ST. 12-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian E. Travis,

(a) RESIDENCE NO. 3201 Abell Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Travis.

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	11	9 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Lewis Marriner

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER --- Melson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant James H. Travis,
(Address) 3201 Abell Ave.

15 - 1926 C. E. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Nov. 7, 1926,

that I last saw h[illegible] alive on Nov. 7, 1926,

and that death occurred, on the date stated above, at 8.15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No Clinical symptoms & Examination of

What test confirmed diagnosis? Sputum

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Nov. 9, 1926

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North Ave.

Spec.—12-9-25—A Co.—200 Bks.

E$_T$-15654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E$_T$-15654

1-PLACE OF DEATH

City of BALTIMORE: (No. 1020 W 38th St. 13-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara M. Hare

(a) RESIDENCE NO. 1020 W 38th St St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17, 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress 64

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) md

(State or country)

PARENTS

10 NAME OF FATHER Geo H. Hare

11 BIRTHPLACE OF FATHER (city or town) md

(State or country)

12 MAIDEN NAME OF MOTHER Mirah Morrison

13 BIRTHPLACE OF MOTHER (city or town) md.

(State or country)

14 Informant Howard S. Hare.

(Address) 1020 W 38th St

15 Filed 1926 C. PAWSON JONES, M. D.

Per RCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1926, to November 7, 1926, that I last saw h.. alive on November 7, 1926, and that death occurred, on the date stated above, at 11.15 A.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos. / ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis Apoplexy (Cerebral)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. P. Jones, M. D.

, 19 (Address) 4037 Fall Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grave Run Balto Co Date of Burial Nov 9 1926

20 UNDERTAKER Chenoweth & Son ADDRESS 367 Chestnut Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15655

CERTIFICATE OF DEATH.

90 E 15655

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2820 Montebello 6ve St., 9-3 Ward)

2-FULL NAME Elizabeth Diggs

(a) RESIDENCE NO. 2820 Montebello 6ve St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	N	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. Diggs

6 DATE OF BIRTH (month, day, and year) July 25.1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	3	8 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) old

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Md.

14 Informant Mary McCubbin

(Address) 2820 Montebello 6ve

15 Filed 1926, 19____ C. HAMPSON JONES, M. D. Registrar

Per CHJ

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 19 25, to Nov 7, 19 26,

that I last saw h. alive on Nov 7, 19 26,

and that death occurred, on the date stated above, at 7a.m.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Patrick J. Farrell, M. D.

19 26 (Address) 130 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — Date of Burial 11/10 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Mon St

Spec.—1-10-21—M&T—1500 Blks.

E 15656

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15656

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Henning

(a) RESIDENCE No. 906 Harford Rd. Hamilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1 - 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	48	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Lunch Room

(c) Name of employer Krueger

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick W Henning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Boedecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Smith

(Address) 906 Harford Rd Baltimore

15 - 1926 G. HAMPSON JONES, M. D.

By: RRR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov 7, 1926,

that I last saw him alive on Nov 7, 1926

and that death occurred, on the date stated above, at 8:25 p m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma - Colon

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Carcinosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Nov 1, 1926

Was there an autopsy? no

What test confirmed diagnosis? Clinical & operation

(Signed) Clement R Thomas M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 11/10 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 North Ave

Spec.—1-10-21—M&T—1500 Bks.

(Rasmussen)

E 15657

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15657

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1927 Sherwood Ave

CITY OF BALTIMORE: (No. Baltimore St., 9-5 Ward)

2-FULL NAME Hans Rasmussen

(a) RESIDENCE NO. 1927 Sherwood Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Rasmussen

6 DATE OF BIRTH (month, day, and year) Dec. 4 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
39		11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Automobile

(c) Name of employer Mack Truck

9 BIRTHPLACE (city or town) (State or country) Haugesund Norway

PARENTS

10 NAME OF FATHER C. A. Rasmussen

11 BIRTHPLACE OF FATHER (city or town) Haugesund (State or country) Norway

12 MAIDEN NAME OF MOTHER Andreasen Petrine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Wife (Address) 1927 Sherwood Ave

15 - 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from 10 - 13 , 1926, to 11 - 6 , 1926, that I last saw h... alive on 11 - 7 , 1926, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Coronary of Thrombosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypertension Artis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-25-25

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter Hughes M. D.

, 19 (Address) 1411 Eutaw Pl. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Nov 9 1926

20 UNDERTAKER Joo Jacobs & Son

ADDRESS 273 S. Paca St

Dec.—1-12-23—M&T—500 Blks.

E-15658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15658

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Wright

(a) RESIDENCE NO. 154 Green St ST., Frostburg Md WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Wales

PARENTS

10 NAME OF FATHER Simon Evans

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Wales

12 MAIDEN NAME OF MOTHER Ann Evans

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Wales

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. FRANCIS JONES, M. D. Registrar

Per COR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1926 to Nov. 1, 1926

that I last saw her alive on Nov. 1, 1926

and that death occurred, on the date stated above, at 5-0 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Chronic Interstitial Nephritis

(duration) 2 yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 1 1 Records of Johns Hopkins Hospital

Was there an autopsy? yes

What test confirmed diagnosis? Gross Autopsy

(Signed) Henry A. Colburn, M. D.

, 19 (Address) Johns Hopkins Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cumberland Md	10/6/26
20 UNDERTAKER	**ADDRESS**
Joseph Ahrens	171 Bway

Spec.—12-9-25—A Co.—200 Bks.

Dr Lemmen Pat P.H. Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

15659

CERTIFICATE OF DEATH.

714 45 E 15659

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 516 N. Decker Ave St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kaiser

(a) RESIDENCE NO. 516 N Decker Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John M Kaiser

6 DATE OF BIRTH (month, day, and year): Aug 15, 1845

7 AGE: Years 81 | Months 2 | Days 22 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 00

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: John M Kaiser

(Address): 516 N Decker Ave

15 Filed 1926 C. PEMBERTON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1926, to Nov 7, 1926, that I last saw h.. alive on Nov 6, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas B Lemmen, M. D.

11/8, 1926 (Address) 7182 Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — Date of Burial 11/9 1926

20 UNDERTAKER: W. H. Cook — ADDRESS 502 E Hoch Ave

Spec.—1-10-21 M&T 1500 Bks.

E 15660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15660

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Chelsea Terrace ST. 15-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Bertha L. Esslinger

(a) RESIDENCE NO. 2908 Chelsea Ter. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 8 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Proprietor

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Edward Esslinger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline J. Schiller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Edward C. Esslinger

(Address) 5422 Park Heights ave

15 1926 C. MARTSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Nov 6, 1926, that I last saw her alive on Nov 5, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma left breast

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Grant E. Ward, M. D.

, 19 (Address) 1918 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 9 1926
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W. Pratt ave

Cor.—12-9-25—A Co.—200 Bks.

E 7-15661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7-15661

CERTIFICATE OF DEATH.

166

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Lemen

(a) RESIDENCE NO. 37 E 21st St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 12, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retail Drug Store

(b) General nature of industry, business, or establishment in which employed (or employer) Owner 625

(c) Name of employer Owner

9 BIRTHPLACE (city or town).....

(State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Lemen

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Fannie Motter

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Maryland

14 Informant H. Lemen, (Brother)

(Address) Williamsport Md

15 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

Very Important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride of Mercury Poisoning (Suicide).

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) .....yrs. .....mos. .....ds.

(Signed) John J. Morrissey M. D.
(Coroner)

11/8 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamsport Md Date of Burial Nov 9 1926

20 UNDERTAKER Harry Wilwitzke ADDRESS 1531 W. Lombard St

Spec.—1-12-23—[illegible]T—500 Blks.

9100 6

E-15662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-15662

CERTIFICATE OF DEATH.

9

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 3-V WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Grabowski (Gertrude)

(a) RESIDENCE NO. 410 S. Dallas ST. , WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 30-1926

7 AGE — Years: — Months: 1 — Days: 10 8 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Stephen

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Helen Sulzynski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 1926 C. [illegible] JOHNSON JONES, M. D., Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1926, to Nov. 8, 1926, that I last saw him alive on Nov. 8, 1926 and that death occurred, on the date stated above, at 6.30 A. m

The CAUSE OF DEATH* was as follows:

Whooping cough

(duration) ..... yrs. ..... mos 2 wks.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) I. Ridgeway Trimble M. D.

Nov 8, 1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus — DATE OF BURIAL: Nov 9 1926

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank St

Spec.—1-12-23—M&T—500 Bks.

E15663 · HEALTH DEPARTMENT—CITY OF BALTIMORE E15663

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Bryant ave ST., 13-5 WARD)

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Land

(a) RESIDENCE NO. 2205 Bryant ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? — yrs. 1 mos. 18 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept 27/26

8 AGE — Years: 0 — Months: 1 — Days: 18 — If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER Bernard Land

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER Yetta Talchinsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Bernard Land

(Address) 2205 Bryant ave

15 Filed 11 5 1926, 19.. Per ..... C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/14/1926

17 I HEREBY CERTIFY, That I attended deceased from ~~Sept 10~~ 10, 1926, to 11-14-26, 19.. that I last saw h~~r~~ alive on 11/14/26, 19.., and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry Goldberg M. D.

11/14, 19.. (Address) 2210 East Lo Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holmes Rosedale — DATE OF BURIAL 11/15/1926

20 UNDERTAKER: Fol. Funeral Bro — ADDRESS 1127 E Balto

ec.—1-12-23—M&T—500 Blks.

15664

HEALTH DEPARTMENT—CITY OF BALTIMORE

86 E 002 15664

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S Bond ST. 7-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Kaczynski

(a) RESIDENCE NO. 713 S Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Constance Kaczynski

6 DATE OF BIRTH (month, day, and year) March 5 1873

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Martin Kaczynski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Maryanna Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Constance Kaczynski (Address) 713 S Bond St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1926 to Nov. 5, 1926

that I last saw him alive on Nov. 5, 1926

and that death occurred, on the date stated above, at 10 30 P m

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Cirrhosis of Pulmonary Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bilateral Mastoiditis

(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

What was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Kuczynski, M. D.

19 (Address) 7079 Eastern Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Nov 9 1926

20 UNDERTAKER John Mallehen ADDRESS 1803 Bank

Spec.—12-9-25—A Co.—200 Bks.

E 1-15665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1-15665

90

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No._____ St., 6-1 Ward)

2-FULL NAME Martin Galgancki

(a) RESIDENCE NO. 413 S Ann St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 40 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour gld

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER ? Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ? Unknown

12 MAIDEN NAME OF MOTHER ? Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ? Unknown

14 Informant City Hospital Records

(Address)

* 1926 _____, 19____ PLACE [illegible]

RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 7 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 7, 1926, that I last saw h.. alive on November 7, 1926, and that death occurred, on the date stated above, at 9.05 A m.

The CAUSE OF DEATH* was as follows:

Senility

Cerebral Sclerosis,

Chronic Myocarditis

(duration) ? yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ___ yrs. ___ mos. 5 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & Laboratory

(Signed) R. Hooper Smith, M. D.

Nov 8 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem — Date of Burial: Nov 9 1926

20 UNDERTAKER: John M Weber — ADDRESS: 1803 Bank

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15666 — 101-001 — E 15666

CERTIFICATE OF DEATH.

17-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Dawson St ST. WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earl Vannorsdall

(a) RESIDENCE NO. 1213 Dawson St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) May 19 1925

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
1	5 5	20 19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Joseph Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Lois Vannorsdall.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mary Daniels 1213 Dawson St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8/26 19

17

I HEREBY CERTIFY, That I attended deceased from Nov 7, 1926, to Nov 8/26, 19..., that I last saw h[illegible] alive on Nov 8/26, 19..., and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

1 Col (duration) yrs. mos 1 dy.

CONTRIBUTORY (Secondary) Abscess (ruptured into Lung) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1213 Dawson

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) ..... M. D.

, 19 (Address) 536 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bal to Auburn Cem	11-9 1926
20 UNDERTAKER	ADDRESS
Geo E. A. Gibson	1735 Druid Hill Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

(Crumbacker)

E, 15667.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E, 15667.

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3920 Gwynnook Ave 46-2 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Mary Crumbacker

(a) RESIDENCE. No. 3920 Gwynnoakstn WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C H Crumbacker

6 DATE OF BIRTH (month, day, and year) Dec 6 86

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Work at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John L Sweeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs A Hamilton

(Address) 3920 Gwynnoak ave

15 Filed . 19 RPS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1926, to Nov 6, 1926, that I last saw h alive on Nov 6, 1926, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart
Oedema of Lungs

(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Initial Stroke

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A. C. Smith, M. D.

Nov 7. 1926 (Address) 1509 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pipe Creek Cemetery Md.

DATE OF BURIAL Nov 9 1926

20 UNDERTAKER H M Rowton

ADDRESS 2230 N Milton

Spec.—12-9-25—A Co.—200 Bks.

E-15668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E-15668

1-PLACE OF DEATH

City of BALTIMORE: (No. [illegible] St. 96-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Barthalomay

(a) RESIDENCE NO. [illegible] St. [illegible] Ward

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town):

(State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): ?

14 Informant: City Hospital Records

(Address)

15 Filed 8-1-1926, 19 C. JACKSON JONES, M. D.

Per RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 8 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 8, 1926, that I last saw him alive on November 7, 1926, and that death occurred, on the date stated above, at 7.50 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Chronic Myocarditis

Senility

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

Nov 8, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. Date of Burial 11/10/26

20 UNDERTAKER: Geo J. Ruth ADDRESS 1735 Harford

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15669

90 E 15669

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1610 E. Clement St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Braunbart

(a) RESIDENCE NO. 1610 E. Clement St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hedwig Braunbart

6 DATE OF BIRTH (month, day, and year): March 3. 1851

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
75	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Austria

PARENTS

10 NAME OF FATHER: John Braunbart

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Austria

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Austria

14 Informant: Mrs. Rauscher (Daughter)

(Address) 1610 E. Clement St

Filed 11-9 1926 C. [illegible] JONES, M. D. Registrar

Ref. RJC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1926, to Nov 6, 1926, that I last saw h__ alive on Nov. 5, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

(duration) ___ yrs. ___ mos. 10 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 2 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible], M. D.

11-8, 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. (a.a.) Date of Burial: Nov. 9 1926

20 UNDERTAKER: Margaret L. Flynn ADDRESS: 1422 Light

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15670

CERTIFICATE OF DEATH.

90

E. 15670
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Fleischmann, ~~Mrs. Ella~~.

(a) RESIDENCE NO. Sinai Hospital ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Fleischmann.

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Litovin (Russia

PARENTS

10 NAME OF FATHER Joseph Berman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Litovin

12 MAIDEN NAME OF MOTHER Gintzburg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Litovin

14 Informant Samuel Fleischman (Address) 19 Parkside Drive

Filed 9 1926. 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st. 1926. to Nov. 7th. 1926. that I last saw h-r alive on Nov. 7th. 1926. and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Heart disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical signs & symptoms.

(Signed) Max Rinenfeld, M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northern Circle Cemetery

DATE OF BURIAL Nov. 9 19 26

UNDERTAKER Jack Lewis

ADDRESS 1439 E. Balt St.

Spec.—1-19-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 15671

CERTIFICATE OF DEATH.

124 E. 15671

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland Ave ST. 6-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Becka Saulz

(a) RESIDENCE NO. 210 N. Wilton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leon Saulz

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Elis Sherunsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Pinkerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Leon Saulz

(Address) 214 N. Milton Ave

15 Filed D-1926, 19 C. HAS. G. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-8 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-6, 1926, to 11-8, 1926,

that I last saw h alive on 11-8, 1926,

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

Chr. Cholecystitis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-6-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D Arthur Linde, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel

DATE OF BURIAL 11/9 1926

20 UNDERTAKER Jack Levin

ADDRESS 1439 E Balt

Spec.—1-10-21—M&T—1500 Blks.

Letter in file from Dr Henry J Stahn dated Dec 16 - 1926

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~E 15672~~

CERTIFICATE OF DEATH.

90 E 15672

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4209 Enclid ave ST. 28-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Young

(a) RESIDENCE NO. 4209 Enclid ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 26: 1843 ~~1842~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83 ~~84~~	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Naval Officer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middletown Frd Co Md

PARENTS

10 NAME OF FATHER John H Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Myersville Fred Co Md

12 MAIDEN NAME OF MOTHER Catherine Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Myersville Md

14

Informant C O Young

(Address) Baltimore

Filed NOV 9 - 1926 H. R. N. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1 1926 to Nov. 6 1926.

that I last saw h— alive on Nov. 6 1926.

and that death occurred, on the date stated above, at 5 0 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry J Stahn M. D.

11/8. 1926 (Address) 111 N Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 11/10 1926

UNDERTAKER Robert Brookbank

ADDRESS Calhoun Hollins

Spec.—1-10-21—M&T—1500 Bks.

E15673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15673

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 White ST., 20-5 WARD)

2-FULL NAME John Douglass Scott.

(a) RESIDENCE NO. 1936 White ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara E. Scott.

6 DATE OF BIRTH (month, day, and year) Aug 5 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) Collector

(c) Name of employer Mutual Benefit Society

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Daniel Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Nuss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Clara E. Scott 1936 White

15 Filed NOV 9 - 1926 C. HARRISON JONES, M. D. Registrar Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1926

17

I HEREBY CERTIFY, That I attended deceased from August 12, 1926, to Nov 5, 1926.

that I last saw h[illegible] alive on Nov 3, 1926

and that death occurred, on the date stated above, at 7.25 P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Pylorus (duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of

Was there an autopsy? No What test confirmed diagnosis? Physical - Operation

(Signed) Wm. N. Wright, M. D.

, 1926 (Address) 120 W Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	Nov 9 26

20 UNDERTAKER Samuel F. Hensley ADDRESS 78 N Bdwy

Dec.—1-12-28—M&T—500 Bks.

6846

Dowell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15674

CERTIFICATE OF DEATH.

16-002

E 15674

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ST. 63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kenneth Dowell

(a) RESIDENCE No. 230 N. Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Apr 8/25

8 AGE Years 1 Months 7 Days If LESS than 1 day.....hrs or....min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Dowell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Weber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed 9-1926, 19 C. [illegible] JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1926, to Nov. 8, 1926, that I last saw h alive on Nov. 8, 1926 and that death occurred, on the date stated above, at 5 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute bacillary dysentery

(duration) yrs. One mos ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Dysentery Flexner stool

(Signed) I. Ridgeway Trimble, M. D.

Nov. 8. 1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL 11/10 1926

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15675

CERTIFICATE OF DEATH.

129 E 15675

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1338 N Washington St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick C. Mersman

(a) RESIDENCE NO. 1338 N. Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 29 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Late Catherine C. Mersman

6 DATE OF BIRTH (month, day, and year): Aug 10/66

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
60	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Jos. Mersman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Josephine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Frederick Mersman

(Address): 1338 N. Washington

15 Filed 9-1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 8/26

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov 8, 1926, that I last saw h... alive on Nov 8, 1926, and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(durnation) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Coot, M. D.

11/8, 1926 (Address) 1 W Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — Date of Burial 10/11 1926

20 UNDERTAKER: Philip Henry — ADDRESS 206 Oliver St.

Cor.—I-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15676

CERTIFICATE OF DEATH.

92

E 15676

1-PLACE OF DEATH 413 E. Hospital 8-3 REGISTERED NO.....

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No 18.)

2-FULL NAME Margaret Vogel.

(a) RESIDENCE No 2304 E. Hoffman ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 3-1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	0	4 3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): Stenographer
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: John J. Vogel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Hecht

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

Informant: West Balto. Gen. Hosp. (Address)

NOV 9 - 1926 ..... M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchitis 5

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Stock (duration)* yrs. mos. 1 ds.

(Signed) Nov 6/26 46 Hicks, M. D.

(Coroner.)

, 192 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz Cem

DATE OF BURIAL: Nov 10 1926

20 UNDERTAKER: Philip Hervey

ADDRESS 2016 Orleans st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15677.

CERTIFICATE OF DEATH.

74-001

E 15677.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 E. Williamson St. ST. 23-1 WARD)

2-FULL NAME Caroline Weaver.

(a) RESIDENCE NO. 25 E. Williamson St. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs 11 mos 26 ds. How long in U. S., if of foreign birth? yrs mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Widow.

5a If married, Widowed, or ~~DIVORCED~~
(or) WIFE of Charles H.

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lawrence Taude.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Charles Kinemann (son)
(Address) 25 E. Williamson st.

15 Filed NOV 9 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7th. 1926

17 I HEREBY CERTIFY, That I attended deceased from November 5th, 1926, to November 7th, 1926, that I last saw him alive on November 7th, 1926 and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary) Congestion and Odema of the lungs. (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ;--

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

11/9 1926 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL Nov 10 1926

20 UNDERTAKER Chas F. Wand & Son

ADDRESS 11 North Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15678

CERTIFICATE OF DEATH.

E 15678

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 427 N. Popkins St. 18-1 WARD)

2-FULL NAME Ethel A. Stanley.

(a) RESIDENCE NO. 427 Popkins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced (or) HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Nov 5/926

7 AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER: Augustus Stanley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ethel A. Stanley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ethel A. Stanley (Address) 427 N. Popkins St.

15 Filed 19 Registrar

OVS - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9/926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7th, 1926, to Nov. 7th, 1926, that I last saw her alive on Nov. 6th, 1926, and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. L. Chisholm, M. D.

19 (Address) 916 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Nov 9/926

20 UNDERTAKER: Samuel Easton

ADDRESS 916 Eutaw Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15679

1-PLACE OF DEATH

City of BALTIMORE: (No. 905 Ryan st — 21-2 Ward)

2-FULL NAME Mary J. Mulroy

(a) RESIDENCE NO. 905 Ryan st — St. ____ Ward ____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds.

129 E 15679

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin Mulroy

6 DATE OF BIRTH (month, day, and year): March 4 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Houseworker

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) ____
(State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ____
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) Ireland

14 Informant Mrs Edward L. Mulroy
(Address) 905 Ryan St

15 Filed ____ 19__ C. [illegible] JONES, M. D.
9 - 1926 Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-8 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-1-, 1926, to 11-8-, 1926, that I last saw h.. alive on 11-8, 1926, and that death occurred, on the date stated above, at 1 30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ____ yrs. 4 mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) [illegible], M. D.

19__ (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem — Date of Burial Nov 1926

20 UNDERTAKER: Peter Gagnon & Son — ADDRESS: [illegible]

Peter F. Gagnon

Cor.—1-12-23—M&T—100 Bks.

E 15680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15680

CERTIFICATE OF DEATH.

167-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced Dead at Johns Hopkins Hospital ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Rosen

(a) RESIDENCE NO. 22 N. Montford St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) June 15/1902

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	4	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student of
(b) General nature of industry, business, or establishment in which employed (or employer) Pharmacy
(c) Name of employer University Maryland

BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Rosen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Mindel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joseph Rosen
(Address) 2900 Parkwood Ave

15 Filed NOV 9 - 1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating Gas Asphixiation
(Suicide)
(Probable Suicide)
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Reported Ill Health
(duration) yrs. mos. ds.

(Signed) [signature] (Coroner.), M. D.

11/9/26 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arlington Cemetery	11-9- 192[illegible]
20 UNDERTAKER Jack Lewis 1471	ADDRESS [illegible] Valley

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15681

49

E 15681

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2226 Christian St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie E Moebius

(a) RESIDENCE NO. 2226 Christian St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~. (~~write the word~~): Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: The late Albert A Moebius

6 DATE OF BIRTH (month, day, and year): July 3 — 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41	3 4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): _____

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm H Fleetwood

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah E. Bradley

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Maryland

14 Informant: Charles Fleetwood

(Address): 1124 Woodley st

15 Filed NOV 9 - 1926, 19____

C. WILSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 —, 19 26, to Nov 6 —, 19 26, that I last saw h... alive on Nov 6 —, 19 26, and that death occurred, on the date stated above, at 7.50 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Spine

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): _____

(duration) ____ yrs. 7 mos. ____ ds.

Is Where was disease contracted? Don't Know

If not at place of death? Home of her son

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Klotz M.D., M. D.

, 19 (Address) 1124 Woodley Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cemetery	Oct 9 1926
D. UNDERTAKER: Robt J Turner Sons	ADDRESS: 1642 N Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15682

E 15682

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 S Burley ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis S Schoeffield

(a) RESIDENCE No. 744 S Burley ST., 1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Dec 23-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9 10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto Maryland

PARENTS

10 NAME OF FATHER Fredk Schaeffield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland Balto

12 MAIDEN NAME OF MOTHER Rose Erbaumiak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila. Penn Pa

14 Informant Fred Schaeffield (Address) Balto

15 Filed 9-1926. C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-9 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1926, to Nov 9, 1926, that I last saw h alive on Nov 9, 1926, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows: Diphtheria. Laryngeal

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Toxemia - Cardiac Syncope

(duration) yrs. mos. 1 hour

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? Yes Date of Nov 8 '26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. V. V. Wright, M. D.

11/9/, 1926 (Address) 1014 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
B Stansbury Conn	Nov 10 1926

20 UNDERTAKER Stephen F Jackowski ADDRESS 1 Ramsay

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15683

CERTIFICATE OF DEATH.

× 91-002

E 15683

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Rennert ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Edward Budler

(a) RESIDENCE NO. Hotel Rennert ST., ... WARD Luray-Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? 79 yrs. 11 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ella Budler

6 DATE OF BIRTH (month, day and year): Nov-19-1847

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Luray Va.

PARENTS

10 NAME OF FATHER: Milton Budler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Luray Va.

12 MAIDEN NAME OF MOTHER: Sarah Keiper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Luray Va.

14 Informant (Address): Mrs Chas. Caldwell-(Daughter) Mt. Vernon N.Y.

15 Filed 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1926, to Nov 8th, 1926, that I last saw h[illegible] alive on Nov 8, 1926, and that death occurred, on the date stated above, at 5.30 p m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) unknown

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Hotel Rennert

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. L. Swisher M.D.

(Address) Wentworth Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Luray - Va.

DATE OF BURIAL: Nov 10th 19

20 UNDERTAKER: Stewart Hearse Co.

ADDRESS

E 15684

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 15684

Registered No. C.....

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willoughby Hall

(Residence in Baltimore: No. 303 W Lanvale St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. June (Month) 16 (Day) 1876 (Year)

7-AGE. 50 yrs. 4 mos. 21 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country): Baltimore Md

PARENTS.

10-NAME OF FATHER, W. Newton Hall

11-BIRTHPLACE OF FATHER. (State or Country) Richmond Va

12-MAIDEN NAME OF MOTHER, Helen Boyle

13-BIRTHPLACE OF MOTHER. (State or Country) Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Newton Hall (Father)

(Address) 303 W. Lanvale St.

15- C. [illegible] JONES, M. D.

Filed NOV 9 - 1926 192.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 7 (Day) 192.6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hypertension Duration

Organic Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

(Coroner)

Nov 7 192.6 (Address) [illegible]

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death 0 yrs. 0 mos. 1/2 ds. In the State 50 yrs. 4 mos. 21 ds.

Where was disease contracted, if not at place of death? 213-N-Calvert St

Former or usual residence 303-W-Lanvale St.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Nov-9 1926
20-UNDERTAKER.	ADDRESS
Stewart & Monroe	Balto. Md.

pec.—1-10-21—M&T—1500 Bks.

E 15685 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15685

CERTIFICATE OF DEATH.

74-006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201-E-North Ave. ST. 17-6 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Margaret Brandau

3) RESIDENCE NO. 201-E-North Ave ST., ... WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 6 mos. ? ds. How long in U. S., if of foreign birth? 80 yrs. 6 mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Brandau

6 DATE OF BIRTH (month, day, and year) April-?-1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Herman Reitz

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Stein

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant Henry Reitz (Nephew)

(Address) 449 Title Bldg. City

15 Filed ..... 19 ..... Registrar

9 - 1925 Pd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-7- 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sept 14th, 1926, to Nov. 7th, 1926, that I last saw her alive on Nov 7th, 1926, and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Hemorrhage Pneumonia

(duration) yrs. mos 24 ds.

CONTRIBUTORY (Secondary) Age Infirmities

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Howard C Dilon M. D.

, 19 (Address) 3706 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Nov 9 1926

20 UNDERTAKER Howard McComas — ADDRESS 1082 N Monroe

...e.—1-12-23—M&T—500 Blks.

5686

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 15686

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Madison Ave ST. 11-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Morris Perry

(a) RESIDENCE NO. 1224 Madison ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George L. Perry

DATE OF BIRTH (month, day, and year) April 7, 1843

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
83	82	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Lewis Morris

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Lucretia Tyson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant H. G. P. Jennings

(Address) 34 E. 62nd New York City

15 Filed 19 T. PARSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/27, 1926, to 11/7, 1926, that I last saw h[illegible] alive on 11/7, 1926, and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Senile dementia, Mitral regurgitation - Myocardial insufficiency -

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) H. B. Hubbard, M. D.

11/8, 1926 (Address) 1403 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	11/9 19 26
20 UNDERTAKER	ADDRESS
Henry H. Cartin & Son	[illegible] Eutaw St

...—1-12-23—M&T—500 Blks.

15687. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. E 15687

1-PLACE OF DEATH University Hospital-Baltimore

CITY OF BALTIMORE: (No. ... ST. ... WARD)

REGISTERED No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis N. Green

(a) RESIDENCE No. Fort Howard ST., ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of —

DATE OF BIRTH (month, day, and year) ~~11/4/26~~

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	—	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) Ditto

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER William Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Fort Howard Md. (Address)

15 Filed 11-5-1926 C. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5/26 19

17 I HEREBY CERTIFY, That I attended deceased from 11/3/26 , 19 , to 11/5/26 , 19 , that I last saw him alive on 11/5/26 , 19 , and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) cellulitis R face

(duration) ... yrs. ... mos. 6 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? yes Date of 11/1/26

Was there an autopsy? no

What test confirmed diagnosis? Blood culture

(Signed) J. L. Winstead, M. D.

11/5, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Century	11/9 19 26
20 UNDERTAKER Sol Kleinman & Bro.	ADDRESS 1127 E Baltimore

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15688

CERTIFICATE OF DEATH.

E 15688

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 856 W. 37th St.) 13-4 WARD)

2-FULL NAME Daniel Sullivan

(a) RESIDENCE NO. 856 W 37th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Victoria Sullivan

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 72; Months; Days; If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Cotton

(b) General nature of industry, business, or establishment in which employed (or employer): Mill Worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Miss Sullivan

(Address): 856 W. 37th St.

15 Filed ..... 19 ..... Registrar

C. J. JONES, M. D.

NOV 9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 - 1921, to Nov. 6, 1926, that I last saw h... alive on Nov. 6 1926, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Pressure

(duration) 5 yrs. 4 mos 6 ds.

CONTRIBUTORY (Secondary): Senility

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) C. J. Cunnie, M. D.

11/7, 19 26 (Address) 320 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Nov 10 1926

UNDERTAKER: J. A. Moran

ADDRESS 3000 E. Baltimore

Spec.—1-10-21—M&T—1500 Blks.

E 15689 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15689

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital 139

CITY OF BALTIMORE: (No. Coralie & Oliver ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma HERGET

(a) RESIDENCE NO. 2325 Fremont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) September

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Berlin Germany

PARENTS

10 NAME OF FATHER John Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Edith Helm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Mrs Donnelly

(Address) 2109 Eastern Ave.

15 Filed 9 1926 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/21/26, 1926, to 11/8/26, 1926, that I last saw her alive on 11/5/26, 1926 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows: intestinal hemorrhage.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) cerebral embolism

(duration) 5 mos yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 10/25/26

Was there an autopsy? no clinical.

What test confirmed diagnosis? operation

(Signed) H. R. McConnell, M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 11/10 1926

UNDERTAKER J. L. Stakeslaus

ADDRESS 1315 Eighth

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15690

CERTIFICATE OF DEATH.

E 15690

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jud. Geil Hospital St. 20-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Clara Heise

(a) RESIDENCE No. 2515 Edmondson Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-14-1864

7 AGE: Years 52 (67) Months 3 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Henry Heise

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherin Ernst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Clara Heise

(Address) 2515 Edmondson Ave.

Filed 11-10-1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-7-26

17

I HEREBY CERTIFY, That I attended deceased from 10-15-26, 19 , to 11-7-26, 19 ,

that I last saw her alive on 11-9-26, 19 ,

and that death occurred, on the date stated above, at 8.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 2/12 mos ds.

CONTRIBUTORY (Secondary) General Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10-22-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Jud. Geil Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Woodlawn

DATE OF BURIAL: 11-10, 19 26

20 UNDERTAKER: Wm Chas A G Rohde

ADDRESS: 400 N Eutaw Ave

...—I-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15691 E 15691

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital + 84 12-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd & Calvert ST., WARD)

2-FULL NAME Elizabeth Etchison

(a) RESIDENCE NO. W. College Terrace ST., WARD
(Usual place of abode) Frederick, Md. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 26, 1926.

AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
	3	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Page Etchison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucille Shaulson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Union Memorial Hosp. Records
(Address) 33rd and Calvert Sts.

15 Filed DEC 9 - 1926 Per [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926, to Nov. 9, 1926, that I last saw her alive on Nov. 9, 1926, and that death occurred, on the date stated above, at 7: A. m.

The CAUSE OF DEATH* was as follows:

Post-operative meningitis.
Brain (Acute hydrocephalus)

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct. 21, 1926

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Phy. Signs

(Signed) C. H. Beilinghof, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick Md.	Nov 9" 1926
UNDERTAKER	ADDRESS
Mark B Cook	1003 N Gilto St

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 15692

E 15692

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Hafer ST. 20-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Lindner Sr.

(a) RESIDENCE NO. 2611 Hafer ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Lindner

7 DATE OF BIRTH (month, day, and year) Jan. 22nd 1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	9	15 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr. Weiseberger

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Lindner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Scheopher

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Ida B. Lindner

(Address) 2611 Hafer Street

15 Filed 19 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7th 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 19 26, to Nov 7 19 26, that I last saw h— alive on Nov 7 19 26, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) M. A. Knell, M. D.

11/7/26 (Address) 4207 Frederick Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olive (Roslyn Md)	Nov. 10th 26

20 UNDERTAKER Joseph B Cook ADDRESS 1003 N Eutaw St

e.—1-12-23—M&T—500 Bks.

15693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 15693

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 W. Franklin ST. 11-1 WARD)

2-FULL NAME Martha Stokes

(a) RESIDENCE NO. 1606 W. Franklin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

If married, widowed, or divorced
HUSBAND of
or) WIFE of John Stokes

DATE OF BIRTH (month, day, and year) ? 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	74			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Nelson Buckley

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Ada Dyson
(Address) 1606 W. Franklin St

15 NOV 9 - 1926 [illegible] JONES, M.D.
For Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to Nov 7, 1926,

that I last saw h[illegible] alive on Nov. 6, 1926

and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Hawkins, M. D.

(Address) 911 Gilmor St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL 11/10/1926

20 UNDERTAKER Chas. H. Alexander

ADDRESS 1406 Druid Hill Ave

...c.—1-12-23—MAT—500 Bks.

E 15694 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15694

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (ST.) 11-2 (WARD)

REGISTERED NO. 1-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lavelee Epps

(a) RESIDENCE NO. Bare Hills-Hall's Road.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) June 17-1907

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	4	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER William Epps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lizzie Gates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) William Epps Hall's Road-Roadside

15 Filed — 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1926, to Nov. 8, 1926, that I last saw h[illegible] alive on Nov. 8, 1926, and that death occurred, on the date stated above, at 2.05 P m.

The CAUSE OF DEATH* was as follows:

Para-typhoid fever

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Acute Dysentery

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Mt. Washington.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological Test.

(Signed) John W. Gainer, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blackstone, Va. DATE OF BURIAL 11/10/ 1926

20 UNDERTAKER Mrs Lena Holland ADDRESS 1631 Druid Hill

DVS - 1926 [illegible]

Cor.—12-9-25—A Co.—200 Bks.

E 15695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 15695

1-PLACE OF DEATH

City of BALTIMORE: (No. 1626 E. Madison St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Morris

(a) RESIDENCE NO. 1626 E. Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 19 1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D.C. Nov. 9

(State or country)

PARENTS

10 NAME OF FATHER Jno O. Morris

11 BIRTHPLACE OF FATHER (city or town) Providence R.I.

(State or country)

12 MAIDEN NAME OF MOTHER Eva Jones

13 BIRTHPLACE OF MOTHER (city or town) Washington

(State or country)

14 Informant J. M. Morris

(Address) 1626 E. Madison

15 Filed 1926 19 Per T. Ashton Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7. 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Pneumonia — Some carries Lobar Pneumonia

Abscess Right Lung

In Hospital Mercy 3 mos.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

19 24 (Address) 1039 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem Date of Burial 11/10 1926

20 UNDERTAKER Jas. M. Skinner ADDRESS 1626 E. Madison St

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 15696

CERTIFICATE OF DEATH.

E 15696

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Shewelyn ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Ann Coleman

(a) RESIDENCE NO. 1711 Shewelyn ST., WARD 8a

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

6 If married, widowed, or divorced (or) WIFE of Andrew Coleman

DATE OF BIRTH (month, day, and year) Feb. — 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Op

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Greenville Co. Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Martha Ann Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Thomas Coleman

(Address) 1712 Presson St

15 Filed 19 C. HANSON JONES, M. D.

9-1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1926, to Nov. 6, 1926, that I last saw her alive on Nov 6, 1926, and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) William H. Perry, M. D.

, 19 (Address) 1502 E. monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Empora Va.	11/9/26
20 UNDERTAKER	ADDRESS
Mrs R.A. Elliott	Fairland Va

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15697 E 15697

45

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Curley ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Downey.

(a) RESIDENCE NO. 512. S. Curley St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jesse Downey.

DATE OF BIRTH (month, day, and year) Sept. 24 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57.		1	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER John Heider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Rosina Heider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Louise S. Bagel

(Address) 512 S. Curley St

15 Filed 9-1926, 19 C. [illegible] JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to Nov 7, 1926

that I last saw her alive on Nov 7, 1926

and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Cancer of rectum

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Fredvenditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) W. C. Mayer, M. D.

Nov 8, 1926 (Address) 2612 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov 10 1926

20 UNDERTAKER ADDRESS

Geo. F. Pfeltz 1735 Harford Ave.

Spec.—1-10-21—MAT—1500 Blks.

E 15698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15698

CERTIFICATE OF DEATH.

REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 9-11 WARD)

2-FULL NAME John C Coffey.

(a) RESIDENCE NO. 624 Fremont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie C Coffey

6 DATE OF BIRTH (month, day, and year) Dec. 15. 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	41	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Patrick C Coffey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Margaret Jemima

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Jennie C Coffey

(Address) 433 Adams St

15 Filed NOV 9 1926 C. PARRON JONES, M. D. Registrar

Per R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1926, to Nov 6, 1926, that I last saw him alive on Nov 6, 1926, and that death occurred, on the date stated above, at 7:30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of →

Was there an autopsy? none.

What test confirmed diagnosis? Clinical.

(Signed) Clarence K. Mosher, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL Nov. 10 1926

20 UNDERTAKER W. H. Weisefeld

ADDRESS 507 E. 11 St.

Spec.—1-10-21—M&T—1500 Bks.

E 15699 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15699

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Genl Hospital ST. WARD)

2-FULL NAME Mrs. Frank Morelock

(a) RESIDENCE NO. Westminster Md. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (or) WIFE of Mrs Delia Morelock

6 DATE OF BIRTH (month, day, and year) 1-3-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carrol Co. (State or country) Md

PARENTS

10 NAME OF FATHER Geo. Morelock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Frank Morelock (Address)

15 1926 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-9-26 19 to 11-9-26 19

that I last saw him alive on 11-9-26 19

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Diabetic gangrene foot (R)

Arteriosclerosis (general)

(duration) yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac decompensation and pulmonary edema (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

19 (Address) Md. Genl Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Md.	11/12 1926
20 UNDERTAKER	ADDRESS
T H Bankard & Son	Westminster

Blackwell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15700 — CERTIFICATE OF DEATH. — E 15700

113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Blackwell

(a) RESIDENCE NO. 611 N. Monroe St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) June 2-1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Marshall Blackwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hannah Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 17 1926 C. PARKSON JONES, M. D. Registrar

Per Reg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1926, to Nov 6, 1926, that I last saw h alive on Nov 6, 1926 and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

? (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ac. gastro intestinal indigest

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) I. Ridgeway Trumbo M. D.

Nov 7 1926 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov 10 1926
20 UNDERTAKER	ADDRESS
Robert F Williams	1515 McCulloh St

Spec.—1-10-21—M&T—1500 Bks.

E 15701 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15701

CERTIFICATE OF DEATH. X 49

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 75-2 WARD)

2-FULL NAME Claude Patrick

(a) RESIDENCE NO. 162 W. Campbell ST., Roanoke Va. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	34	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER not given

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant brother in law G L Sprunk (Address) Roper N. C.

15 1926 C. HARRISON JONES, M. D. Registrar.
Per 19 Exp.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2 , 1926 , to Nov. 7 , 1926 .

that I last saw him alive on Nov 7th , 1926 ,

and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency and shock

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Sarcoma humerus left

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 11-7-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical tests & operation

(Signed) Theron Hunter M. D.

11-7-1926 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mackeys Va DATE OF BURIAL Nov 9 1926

20 UNDERTAKER Wm - Wm St. [redacted] Finch ADDRESS 2612 Williams

Spec.—12-9-25—A Co.—200 Bks.

15702

HEALTH DEPARTMENT—CITY OF BALTIMORE

54 E 15702

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 41 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Queenie Johnson

(a) RESIDENCE NO. 638 Josephine St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....brs. or.....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed 1926 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 6 1926

17

I HEREBY CERTIFY, That I attended deceased from October 25, 1926, to November 6, 1926, that I last saw her alive on November 6, 1926, and that death occurred, on the date stated above, at 11 30 A.m.

The CAUSE OF DEATH* was as follows:

Pellagra

Generalized Vincents

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General Laboratory

(Signed) R Hobart Smith, M. D.

Nov 8, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cy Date of Burial 9 Nov 1926

20 UNDERTAKER Leonard Whaley ADDRESS 309 Myrtle av

Spec.—1-10-21—M&T—1500 Bks.

E 15703

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15703

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH Balto Md

REGISTERED NO.

CITY OF BALTIMORE: (No. 1320 N. Lexington ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas J Price

(a) RESIDENCE NO. 1320 N. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Mulatto

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Price

6 DATE OF BIRTH (month, day, and year) May 14 1836

7 AGE — Years: 90 — Months: 5 — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co

PARENTS

10 NAME OF FATHER: Benjamin Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co.

12 MAIDEN NAME OF MOTHER: Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

14 Informant: Mrs Lillian Price

(Address) 1320 N Lexington St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per BRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1926

17

I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to Nov 8, 1926, that I last saw h[illegible] alive on Nov 7, 1926, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W W Shumaker, M. D.

Nov 8, 1926 (Address) Sparks Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sun Rowdy Balto Co

DATE OF BURIAL: Nov 10 19 26

UNDERTAKER: W. C. Brooks

ADDRESS: Sparks Md

Spec.—1-10-21—M&T—1500 Bks.

15704

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 15704

CERTIFICATE OF DEATH.

REGISTERED NO. 25-240

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Gable

(a) RESIDENCE NO. Mayfield Ave Walthope Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 5/1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~none~~ Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Q&B

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER ~~not given~~ Warner - Gable

11 BIRTHPLACE OF FATHER (city or town) Germany. (State or country) "

12 MAIDEN NAME OF MOTHER Catherine Schwalur

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country) "

14 Informant Sister - Mrs J J Benson (Address) Mayfield Ave Walthope

15 - 1926 C. THOMPSON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-8- 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-10, 1926, to 11-8, 1926, that I last saw him alive on 11-8, 1926, and that death occurred, on the date stated above, at 5.45 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) A. C. arthritis

Knee, right (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & Symptoms

(Signed) J. Theron Hunter, M. D.

11/8, 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon - Park. Cem.

DATE OF BURIAL Nov 10 1926

20 UNDERTAKER John - O - Mitchell

ADDRESS 1201 W Fayette

ec.—1-12-23—M&T—500 Bks.

15705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 15705

1-PLACE OF DEATH Union Memorial Hosp. Dal REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 13-6 WARD)

2-FULL NAME Miss Amelia Meyers

(a) RESIDENCE NO. 2052 Linden Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 23, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical Work

(b) General nature of industry, business, or establishment in which employed (or employer) Banking Establishment

(c) Name of employer Fidelity & Deposit Co

BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John J. Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hercamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Escaped (Before death) (Address) Mrs H B Bozz 2 Norwood Place.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 3, 1926, to Nov 9, 1926, that I last saw her alive on Nov 9, 1926, and that death occurred, on the date stated above, at 1:05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Geraghty, M. D.

, 19 (Address) U.M.H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mound DATE OF BURIAL Nov. 11 1926

20 UNDERTAKER John O Mitchell ADDRESS 1201 W. Fayette St

9 - 1926 C. P. AMPSON

Spec.—8-24-14—M. & T.—2000 Bks.

E 15706

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15706

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Lunacy Sanitarium Asylum

REGISTERED No. C 285 90

CITY OF BALTIMORE: (No. Fairmount Road ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Bessie Catherine Jackson

(Residence in Baltimore: No. Ruxton, Md. St.: 3 yrs. 1 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, Dec 25, 1861.
(Month) (Day) (Year)

7-AGE, 64 yrs. 10 mos. 17 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Dairy
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore County

PARENTS.

10-NAME OF FATHER, John J. Jackson

11-BIRTHPLACE OF FATHER (State or Country), Liverpool England

12-MAIDEN NAME OF MOTHER Esther Hall

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) George D. Jackson

(Address) Western Md. Dairy

15-

Filed Nov 9 - 1926, 191.....

C. EMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 8, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 25 1923, to Nov 8 1926, that I saw h e alive on Nov 8 1926, and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic Nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Cachexia Hypostatic Pneumonia

(Duration) yrs. mos. two ds.

(Signed) Alpheus T. Cowdery M. D.

Nov 8, 1926 (Address) 1 West Chase St Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). Lunacy Sanitarium Asylum

At place of death 3 yrs. 1 mos. 15 ds. In the State Life yrs. mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence Ruxton Baltimore Co.

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem. DATE OF BURIAL. Nov. 10, 1926.

20-UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Bks.

15707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15707

CERTIFICATE OF DEATH.

+91-002.

1-PLACE OF DEATH Baltimore. REGISTERED NO.

CITY OF BALTIMORE: (No. Phipps Clinic, Johns Hopkins Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Frederick Dieter

(a) RESIDENCE NO. 538 Glenwood Avenue ST., WARD Buffalo N. York
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. one mos. 7 ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emelia Schondle

6 DATE OF BIRTH (month, day, and year) 6:15:1854

7 AGE: Years 72 Months 4 Days 24 If LESS than 1 day, hrs. or min. 1 6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Engineering Work (Employer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hessen Darmstadt Germany

PARENTS

10 NAME OF FATHER — Dieter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Paul Dieter (Son)
(Address) 30 Church St N. York City

15 Filed 1926, 19 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9th Nov. 1926

17 I HEREBY CERTIFY, That I attended deceased from 10th October, 1926, to 9th November, 1926, that I last saw him alive on 9th November, 1926, and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene of Right Foot
Cardiac Failure

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) unkn yrs. mos. ds.

18 Where was disease contracted if not at place of death? Buffalo

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) F. I. Wertheimer, M. D.

11-9-1926 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tarrytown N. York — DATE OF BURIAL: Nov. 10 1926

20 UNDERTAKER: Mitchell 1201 W. Fayette St Baltimore — ADDRESS

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15708 E 15708

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Gen Hosp 26-4 202

TY OF BALTIMORE. (No. ... ST., ... WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edmund L Woodday.

(a) RESIDENCE NO 4202 Walnut Ave ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 19 1920

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	6	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work school boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER Arthur Woodday

11 BIRTHPLACE OF FATHER (city or town) W. Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Dora Head

13 BIRTHPLACE OF MOTHER (city or town) Fredrick
(State or country) Md.

Informant Arthur Woodday
(Address) 4202 Walnut ave

File 1926 ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident

Pencil in Trachea

(duration) yrs. ... mos. 10 Min ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) ... yrs. ... mos. ... ds.

(Signed) Nov 12 1926 J. L. Blades, M. D.

(Coroner) (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	11/10 1926

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15709

E 15709

CERTIFICATE OF DEATH.

Registered No. 90

1-PLACE OF DEATH

City of BALTIMORE: (No. 1206 N. Milton Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Albert J Schultz

(a) Residence No. 1206 N. Milton Ave St., 8 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 6/12 1914

7-AGE, 4 26 12 yrs. 3 mos. 28 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER, albert E Schultz

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Clara C Hogan

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto

14-(Informant) Albert E Schultz

(Address) 1206 N Milton

15-Filed 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 8 1926

17-I HEREBY CERTIFY, That I attended deceased from Oct 24, 1926 to Nov 8, 1926

that I last saw h[illegible] alive on Nov 8, 1926,

and that death occurred, on the date stated above, at 7.20a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Endocarditis

(Mitral Regurgitation)

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism

(Duration) 2 yrs. — mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) B C Herzog M D M. D.

Nov 9, 1926 (Address) 1305 N Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Carlsbad DATE OF BURIAL, 11/11, 1926

20-UNDERTAKER. [illegible] ADDRESS 318 Light St

Dec.—6-9-19—H. P. Co.—1000 Bks.

E 15710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15710

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 N. Charles ST. 23-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edna B. Young.

(a) RESIDENCE. No. 1732 N. Charles ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Franklin E. Young.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Catherine Young 1732 N. Charles

15 Filed 1926 C. THAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1926, to Nov. 8, 1926, that I last saw her alive on Nov. 7, 1926, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Whooping Cough.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? none.

(Signed) Wm. O Seabury, M. D.

11.8. 1926 Address) 636 Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Nov. 10, 1926

20 UNDERTAKER: C. Howard Evans ADDRESS: 38 E. Fayette

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15711

129 E 15711

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1940 Hanover St. 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Blottenberger

(a) RESIDENCE NO. 1940 Hanover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis W. Blottenberger

6 DATE OF BIRTH (month, day, and year): July 28, 1867

7 AGE — Years: 59 Months: 3 Days: 11 (10)

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Ernst Huber

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Magdalene Kern

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Francis W. Blottenberger

(Address): 1940 Hanover St

15 Filed ..... 19... CLAMPSON JONES ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Nov 8

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1926, to Nov 8, 1926

that I last saw h[illegible] alive on Nov 8, 1926,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Duration Inadequate

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

Signed H. C. L. Campbell, M. D.

....., 1926 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial Nov. 11 1926

20 UNDERTAKER: A. Howard Evans ADDRESS 38 E. Fairmount

Spec.—1-19-21—M&T—1500 Bks.

Lou Price

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15712

CERTIFICATE OF DEATH.

X 118-00 E 15712

REGISTERED NO.....

1-PLACE OF DEATH Maryland Gen. Hosp

CITY OF BALTIMORE: (No.....) ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lou Price

(a) RESIDENCE NO. Ramsay Pl ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Price

6 DATE OF BIRTH (month, day, and year) 04 22 1878

7 AGE — Years: 45 — Months: 0 — Days: 17 — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. Wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Loch Haven - Penn

PARENTS

10 NAME OF FATHER Andrew Heyman.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Barbara Sners.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Hospital records

15 Filed 10 1926 C. HAMPSON JONES, M. D. Registrar Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1926, to Nov 7, 1926, that I last saw h[illegible] alive on Nov 7, 1926 and that death occurred, on the date stated above, at 7 50 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Hypertrophy Thyroid, Pyloric Obstruction - Pituitary Gland - Chronic Nephritis

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? no Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Jno A Fonacier M. D.

, 19 (Address) 1607 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loch Haven Pa

DATE OF BURIAL: Nov 9 1926

20 UNDERTAKER Renaud

ADDRESS 1032 Hollins

George J Smith

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15713

CERTIFICATE OF DEATH.

146 E 15713

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Hill

(a) RESIDENCE NO. 838 Harlem Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER William Hill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elden Easley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Delaware

14 Informant Hospital Record

(Address) Ref

Filed 10 1926 C. CAMPION JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 6, 1926.

17

I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1926, to Nov. 6, 1926

that I last saw h[illegible] alive on Nov. 6, 1926,

and that death occurred, on the date stated above, at 6.15 p.m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobar
Metastases

(duration) Unknown yrs. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy findings

(Signed) V. Bellevela M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Nov 10 1926

20 UNDERTAKER J. L. Brown & Son ADDRESS 1084 W. Pratt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15714

CERTIFICATE OF DEATH.

90 E 15714

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Homewood Ave. WARD 9-4)

2-FULL NAME Elizabeth Fitzgerald

(a) RESIDENCE NO. 2013 Homewood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Stephen Fitzgerald

6 DATE OF BIRTH (month, day, and year): July 24 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	77	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Thomas Rock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Emma Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mary Fitzgerald

(Address): 2013 Homewood Ave

15 Filed: 10 1926

Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from October 28th 1926 to November 6th 1926.

that I last saw her alive on November 6th 1926.

and that death occurred, on the date stated above, at 1.30 P m

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) P. E. Lilly, M. D.

Date 11/9/26 (Address) 811 E. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetary — DATE OF BURIAL: Nov 10 1926

20 UNDERTAKER: McGinnis & Caudell Inc. — ADDRESS 4203 Ridgewood Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15715

101-001

CERTIFICATE OF DEATH.

E 15715

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 533 Ausquith St. 5-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harris Goldberg

(a) RESIDENCE NO. 533 Ausquith St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Aug. 14-1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	26 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... nil

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Morris Goldberg

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Russia

12 MAIDEN NAME OF MOTHER Kate Goldberg

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Balto., Md.

14 Informant Morris Goldberg

(Address) 533 Ausquith St.

15 Filed 11-12 1926 Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10 1926.

17

I HEREBY CERTIFY, That I attended deceased from Nov 8 1926, to Nov 10, 1926, that I last saw her alive on Nov 10, 1926, and that death occurred, on the date stated above, at 8:20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Fulminating Lobar Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —

If not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. A. Komatkin, M. D.

(Address) 733 Ausquith St 11/10, 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Herman Cem	11-10 1926

20 UNDERTAKER Isaac Lewis ADDRESS 1720 E. Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15716

E 15716

113

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 202 W. Fayette St. 20-3 Ward)

2-FULL NAME Burton Hollberg

(a) RESIDENCE NO. 202 W. Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 2 mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 20 - 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....0 yrs

(b) General natnre of indnstry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City Md

(State or country)

PARENTS

10 NAME OF FATHER Hermon L. Wolfley

11 BIRTHPLACE OF FATHER (city or town) Chicago Ill

(State or country)

12 MAIDEN NAME OF MOTHER Rose Feldman

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) New York

14 Informant Hermon L. Wolfley

(Address) 202 W. Fayette St.

Filed NOV 10 1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26 11-10

17

I HEREBY CERTIFY, That I attended deceased from 10/1- 19 26 to 11/10- 19 26

that I last saw h.. alive on 11/9- 19 26

and that death occurred, on the date stated above, at 2 9 m.

The CAUSE OF DEATH* was as follows:

Gastric Intestinal Intoxication

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cremation - Inanition

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ethel Cohn, M. D.

11/10 1926 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Hebrew Rodef Sholom — Date of Burial 11.0 19 26

20 UNDERTAKER — Isaac Lewis — ADDRESS 1437 E Balto St

Spec.—I-10-21—M&T—1500 Bks.

15717 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 ~ E 15717

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 N. Calhoun St. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche Bran

(a) RESIDENCE No. 1335 N. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Wife of Ernest Bran

6 DATE OF BIRTH (month, day, and year) Feb 1896

7 AGE: Years 30 Months 9 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kilmarnock Va

PARENTS

10 NAME OF FATHER: John Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Julia Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: Ernest Bran

(Address) 1335 N. Calhoun St.

15 Filed 10 1926 · Per R R Registrar C. HARPER JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1926, to Nov 9, 1926,

that I last saw her alive on Nov. 8th, 1926,

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(duration) yrs. mos 2 1 ds.

CONTRIBUTORY (Secondary) Pul. Tuberculosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? 721 School St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem Kilmarnock Va. DATE OF BURIAL: Nov 10 1926

20 UNDERTAKER: Clarence E. Wright ADDRESS: 364 Main

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15718

CERTIFICATE OF DEATH.

89 E 15718

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred In a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 2112 N Smallwood ST. 15-11 WARD)

2-FULL NAME Soloman Simon

(a) RESIDENCE NO 2112 N Smallwood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Nathan Simon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Simon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Sol Simon
(Address) 2112 N Smallwood St

Filed NOV 1926, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pect

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) 1 yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
Nov 9/26, 192 (Address) 23 N Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 11/10 1926

20 UNDERTAKER Sol Simon + Bro

ADDRESS 1177 E Balt St

Spec.—12-9-25—A Co.—200 Bks.

E 15719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 15719

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 219 S Ensor St. 2-1 Ward)

2-FULL NAME Baby Kobylski

(a) RESIDENCE NO. 219 S Ensor St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write one word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 9 26

7 AGE: Years | Months | Days | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Benjamin Kobylski

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Tagora Sowzos

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Benjamin Kobylski

(Address): 219 S Ensor St

15 Filed ... 19 ... [illegible] Registrar

NOV 10 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 . 26 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 19 26, to Nov 9, 19 26, that I last saw him alive on Nov 9, 19 26, and that death occurred, on the date stated above, at 1 2 noon m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Weller Rypanek M. D.

(Address) 706 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus. Date of Burial: Nov 10 1926.

20 UNDERTAKER: M. J. Sadowski ADDRESS: 705 S. Ann St

Cor.—12-9-25—A Co.—200 Bks.

E 15720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

188-001

E 15720

REGISTERED NO._____

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No.) South Baltimore General St. Hospital (Ward) 16-1.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hugh Roy Layton.

(a) RESIDENCE NO. 213 N. Carrollton Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) March 25, 1900.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	26	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakesman.

(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Hugh Roy Layton.

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Katherine B. Gorsuch.

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore, Md.

14 Informant Katherine B. Lutz. (mother)

(Address) 213 N. Carrollton Ave.

15 Filed NOV 10 1926 19 C. PHANOR JONES, M. D. Registrar

Per R K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 7, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries. Caught between the tender of engine and bridge and crushed about the body. Accidental Death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) 1 yrs. mos. ds.

(Signed) Otto M. Leonhardt M. D.
(Coroner)

11/9 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

(Where disease contracted, if not at place of death) B. & O. R. R. Yards. Locust Point & Fort Ave. bridge, Nov. 7, 1926.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial: Nov 11 1926

20 UNDERTAKER: George J. Smith ADDRESS: Hollins 1532

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90

E 15721

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 15721

REGISTERED NO.

City of BALTIMORE: (No. 1425 N. Bond St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Holland

(a) RESIDENCE NO. 1425 N. Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or ~~Divorced.~~ (write the word)
male	White	married

5a If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Isabell Holland

6 DATE OF BIRTH (month, day, and year) July 12 — 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 031

(b) General nature of industry, business, or establishment in which employed (or employer) machinist

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Isaac Holland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa Worton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Isabell Holland

(Address) 1425 N Bond St

Filed ..... 19 C. ~~H~~ HERSON JONES, M. D.

Registrar

Per R.H.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1926, to Nov 9, 1926, that I last saw him alive on Nov 8, 1926, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. D. Davis, M. D.

, 19 (Address) 1509 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Park Cemetery Nov 11 1926

20 UNDERTAKER Robt J Turner Sr. ADDRESS 1442 N. Broadway

Cor.—1-12-23—M&T—100 Bks.

E 15722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 99 E 15722

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 9-3 1 WARD)

2-FULL NAME Irene Kreutzer

(a) RESIDENCE NO. 1610 Carswell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of William Kreutzer

DATE OF BIRTH (month, day, and year) Nov 28 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	11	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Charles Hennick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mollie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Hopkins Hospital
(Address)

FILED 10 1926 192 RAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia-Perotonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Abortion-self induced

(duration) yrs. mos. ds.

(Signed) J. H. Collins, M. D.
(Coroner.)

Nov 10/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem — DATE OF BURIAL Nov 10th 1926

20 UNDERTAKER Leo D. Cook — ADDRESS 1723 Patt Pk Ave

ec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15723

CERTIFICATE OF DEATH.

90 E 15723

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 3946 Cloverhill Rd ST. 17-1 WARD)

2-FULL NAME Thomas F. Carey

(a) RESIDENCE. NO. 3946 Cloverhill Rd ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Cole Carey

6 DATE OF BIRTH (month, day, and year) Oct 9 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President

(b) General nature of industry, business, or establishment in which employed (or employer) Army & Navy Preparatory School

(c) Name of employer Denton Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Thomas Frederick Carey

11 BIRTHPLACE OF FATHER (city or town) Denton Md

(State or country)

12 MAIDEN NAME OF MOTHER Anna Dixon

13 BIRTHPLACE OF MOTHER (city or town) Easton Md

(State or country)

14 Informant Edith Cole Carey

(Address) 3946 Cloverhill Rd

15 Filed NOV 10 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 19 26, to Nov 7, 19 26

that I last saw him alive on Oct 18, 19 26

and that death occurred, on the date stated above, at 11-30 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Few minutes

(duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History and Symptoms

(Signed) Jno H. Regar, M. D.

, 19 (Address) 2105 E Lanvale st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Hill Cemetery Towson Md	Nov 10 1926
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W. Fayette

Cor.—1-12-26—M&T—100 Bks.

E 15724 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15724

CERTIFICATE OF DEATH.

REGISTERED NO. 15-12 24-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Johns Hopkins Hospital ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alonza Smith

(a) RESIDENCE NO. 1805 Kavanaugh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Common Labor
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Texas

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

Informant Elonora Tyler (Cousin)
(Address) 1121 N. Gilmor St H. D.

Filed Nov 10 1926 C. EMPSON JONES, H. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Autopsy at Hopkins)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Weller, M. D. (Coroner.)

11/10/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov 10 1926

20 UNDERTAKER Miss Jas H. Dennis — ADDRESS 3303 Pressman St

...—1-12-23—M&T—500 Bks.

E 15725 HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 15725

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

SYDENHAM HOSPITAL

...TY OF BALTIMORE: (No. ... ST., 14-1 WARD)

2-FULL NAME Thomas Dorsey

(a) RESIDENCE NO. 1710 Etting St ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 3/18-26

...AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Thomas Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Bessie Sims

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Bessie Dorsey
(Address) 1710 Etting St.

15 Filed ...19 ... Registrar

...1926 Per ... C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 4 ,1926, to Nov 9 ,1926,

that I last saw him alive on Nov 9 ,1926,

and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Post Diphtheretic Paralysis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	10/10 1926
20 UNDERTAKER Jennie Easton	ADDRESS 916 Pea...

...—1-12-25—M&T—500 Blks.

6694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15726

CERTIFICATE OF DEATH.

40

E 15726

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST. 4-2 WARD)

2-FULL NAME Augustus Ridgeley

(a) RESIDENCE NO. 431 Tyson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 19-1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	3	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Augustus Ridgeley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 10 1926 JAMES H. JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov. 9, 1926, that I last saw h alive on Nov 9, 1926, and that death occurred, on the date stated above, at 10.45 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Left Pneumonia - B. coli
Diabetes Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. Dyer, M. D.

, 19 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Phila Pa	10/12 1926
20 UNDERTAKER David Easton	ADDRESS 916 Pa ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 15727

15727

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp. Ward) 1-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John B Kein (from Biddle alley east of Duncan Alley)

(a) RESIDENCE NO. 905 Churchhill st. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Mary Kein

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mary Kein

(Address) 905 Churchhill st.

15 Filed..... 19 ..... Registrar

10 10 25

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 8 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Manuel Straus M. D.

(Coroner)

, 19 24 (Address) 33 S Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Western Cem	Nov 10/24

20 UNDERTAKER Manuel Straus ADDRESS 916 Park

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15728

CERTIFICATE OF DEATH.

74-001

E 15728

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3730 Greenmount Ave ST. 47-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Burhong.

(a) RESIDENCE NO. 3730 Greenmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith DeLong.

6 DATE OF BIRTH (month, day, and year) Aug 6 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55		3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer) 55

(c) Name of employer Self

9 BIRTHPLACE (city or town) Home Brook

(State or country) Va.

PARENTS

10 NAME OF FATHER Isaac Burhong

11 BIRTHPLACE OF FATHER (city or town) Home Brook

(State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Morte

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Edith Burhong

(Address) 3730 Greenmount Ave

15 Filed ..., 19 ... Registrar

NOV 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1926, to Nov 8, 1926,

that I last saw him alive on Nov 8 1926,

and that death occurred, on the date stated above, at 11 05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L. Long, M. D.

(Address) 1701 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodbridge County — DATE OF BURIAL Nov 11 1926

20 UNDERTAKER Isaiah Byfe — ADDRESS 1600 W North Ave

ec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15729

CERTIFICATE OF DEATH.

44 E 15729

REGISTERED NO.....

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 2806 Suffolk Ave. ST. 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma A. Stark

(a) RESIDENCE. No. 2806 Suffolk Ave. ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General housework.

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Crist Stark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant William Stark

(Address) Glen Rock, Pa.

15 Filed NOV 10 1926 C. MARTSON JONES, M. D. Registrar

Per RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1926, to November 8, 1926, that I last saw her alive on Nov. 8, 1926, and that death occurred, on the date stated above, at 4:15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) None -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of July or Sept 1926.

Was there an autopsy? Yes.

What test confirmed diagnosis? Exploratory -

(Signed) John D. Quinn, M. D.

19 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Glen Rock, Pa	11/12 1926
20 UNDERTAKER: Geo. Geisler & Son	ADDRESS: Glen Rock, Pa.

c.—1-12-23—M&T—500 Bks.

E 15730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15730

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruby Adkins

(a) RESIDENCE NO. 3 Baltic Ave. ST., Spaulding Pl. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 28 - 26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			11 13	6 hrs.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wilson Adkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lilly Vance

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 10 1926, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1926, to Nov. 9, 1926,

that I last saw h alive on Nov. 9, 1926

and that death occurred, on the date stated above, at 4 46 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Otitis media

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thomas W. Cornwell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bachman Cemetery	Nov 10 1926
20 UNDERTAKER John F Dunn	ADDRESS 1515 E. Pratt St

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15731

CERTIFICATE OF DEATH.

75-001 E 15731

1-PLACE OF DEATH

...TY OF BALTIMORE: (No. St Paul apt St Paul Pl ... ST., 1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anne Stuart Bennett

(a) RESIDENCE NO. St Paul apts St Paul - Mt Royal ... ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30? yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan 6th 1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83 84	10	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Indies

PARENTS

10 NAME OF FATHER Lewis Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) France.

12 MAIDEN NAME OF MOTHER Mary Stuart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Indies

14 Informant Mrs Louise Bennett
(Address) St Paul Apts

15 Filed Nov 10 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1926

17 I HEREBY CERTIFY, That I attended deceased from September, 1925, to Nov 9, 1926, that I last saw her alive on Nov 9th, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Cardiac failure with pulmonary Oedema (duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. D. Rimpson, M. D.

, 19 (Address) 1010 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~, CREMATION ~~OR REMOVAL~~ London Park Cem — DATE OF BURIAL Nov 11 1926

20 UNDERTAKER Henry H Tenkins & Sons — ADDRESS McCulloh

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15732

CERTIFICATE OF DEATH.

25-9 159-002

E 15732

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 7th St. near 2nd Ave. Fairfield. Ward

(If death occurred in a hospital or institution, give it's NAME instead of street and number and fill out No. 18.)

2-FULL NAME Willie Elizabeth Askew.(C)

(a) RESIDENCE NO. 7th St. near 2nd. Ave. Fairfield. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) October 6, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William E. Askew(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mabel Cunningham.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Mabel Askew.(C)mother

(Address) 7th. St. near 2nd. Ave. Fairfield.

15 Filed ..... 19 ..... Registrar

NOV 10 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 9, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto H. Reinhardt M. D. (Coroner)

11/10 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

(Where was disease contracted, if not at place of death)

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Date of Burial Nov 10 1926

20 UNDERTAKER Jno. H. Toadvin ADDRESS 1027 Druid Hill

Spec.—12-9-25—A Co.—200 Bks.

E 15733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 15733

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 18-1 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Grant

(a) RESIDENCE NO. 803 Rabing St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
75	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Jamaica

PARENTS

10 NAME OF FATHER Alex Grant

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Jamaica

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Jamaica

14 Informant City Hospital Records

(Address)

15 Filed _____ Registrar

OV 10 1926 KK

0784

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 7 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 7, 1926, that I last saw h.rm. alive on November 6, 1926, and that death occurred, on the date stated above, at 9.50 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Chronic Bronchitis.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY _____
(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

Nov 8 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS

Commissioner Health

NOV 10 1926

REG. AND E. WOOSAL

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15734

CERTIFICATE OF DEATH.

31 E 15734

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 5-1 Ward)

2-FULL NAME Lizzie Campbell.

(a) RESIDENCE NO. 324 Forest St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Va -

(State or country)

14 Informant

(Address)

15 Filed_____ 19_____ Registrar

NOV 10 1926

0785

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 7. 1926.

17

I HEREBY CERTIFY, That I attended deceased from June 14 1926, to Nov. 7, 1926, that I last saw her alive on Nov. 7, 1926, and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows: General Bloodbuilt Tuberculosis Pulmonary Tuberculosis Ulcerative Fibroid. Gall Stones.

duration ... yrs. ... mos. ... ds.

CONTRIBUTORY Bronchopneumonia

(Secondary)

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs X Ray

(Signed) H B Agnew, M. D.

. 19 (Address) Balto. City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS

Commissioner Health

NOV 10 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 15735

E 15735 1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 201 E. Cross St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie J. Mayers

(a) RESIDENCE NO. 201 E. Cross St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman C. Mayers

6 DATE OF BIRTH (month, day, and year): Oct. 22. 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Jos. Wagner

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mont Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Herman Mayers

(Address): 201 E. Cross St.

15 Filed ..... 19 .....

NOV 10 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov 8 - 1926

17

I HEREBY CERTIFY, That I attended deceased from July 1 1926, to Nov 8, 1926, that I last saw h. alive on Nov 8, 1926 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Mitchell, M. D.

11/8, 1926 (Address) 1279 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial: Nov. 11 1926

20 UNDERTAKER: Margaret J. Flynn ADDRESS: 1422 Light St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 15736

CERTIFICATE OF DEATH.

E 15736

1-PLACE OF DEATH

City of BALTIMORE: (No. 1529 W 36 St St. 13-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Johnson

(a) RESIDENCE NO. 1529 W 36 St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Nov 10 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Textile Worker

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) Ga

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant John Wright

(Address) 1529 W 36 St

15 Filed NOV 10 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

10th Nov 1926.

17

I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1926, to Nov 10th, 1926, that I last saw h. alive on Nov 9th, 1926, and that death occurred, on the date stated above, at 1.05 A.m.

The CAUSE OF DEATH* was as follows: Meningitis (Non specific)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Erysipelas.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical findings

(Signed) F. D. Fleck, M. D.

11/16 1926 (Address) 3616 Falls Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden — Date of Burial: Nov 12 1926

20 UNDERTAKER: Chenowith & Son — ADDRESS: 3617 Chestnut Ave

...—1-12-23—M&T—500 Blks.

649

E 15737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 15737

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (NO. JOHNS HOPKINS HOSPITAL LAST 19-1 WARD)

2-FULL NAME William Barnes

(a) RESIDENCE NO. 1709 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...ale	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July - 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
		4		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... (none / child)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Lafayette Brookes

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Lottie Barnes

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant .....
(Address) .....

15 Filed ..... 19 ..... Registrar

0 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1926, to Nov. 7, 1926, that I last saw h-- alive on Nov. 7, 1926 and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Acute gastro intestinal indigestion

(duration) ..... yrs. ..... mos 25 ds.

CONTRIBUTORY (Secondary) Otitis media, pneumonia

Influenza (duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diaghosis?

(Signed) Thomas McConnell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem	11-11 1926
20 UNDERTAKER George T. A. Gibson	ADDRESS 1730 Druid Hill Ave

1-12-23—M&T—500 Blks.

15738

HEALTH DEPARTMENT—CITY OF BALTIMORE E 15738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Lindsay Tate

(a) RESIDENCE NO. 806 Providence Rd. Charlotte, N. C. WARD Charlotte N.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U. S., if of foreign birth? 52 yrs. 2 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lois Holt Tate

DATE OF BIRTH (month, day, and year) Sept-1-1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52		2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Cotton Mfr.

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): Gaston Co. N. Carolina

PARENTS

10 NAME OF FATHER George Tate

11 BIRTHPLACE OF FATHER (city or town) Gaston Co (State or country) N. C

12 MAIDEN NAME OF MOTHER Alice Lindsay

13 BIRTHPLACE OF MOTHER (city or town) Gaston Co (State or country) N. C

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 0 1926 C. HAMPSON JONES, M. D. 19 Pat Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-10th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1926, to Nov 10, 1926, that I last saw h.. alive on Nov-10, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Benign Brain Tumor

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Charlotte, N.C.

Did an operation precede death? Yes. Date of Nov. 9, 1926

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) T. A. Jones, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlotte N.C.

DATE OF BURIAL: Nov 10 1926

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM T. MOWEN, Successor)

ADDRESS: 100 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15739

CERTIFICATE OF DEATH.

31 E 15739

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (T.B.) St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Zizulinski

(a) RESIDENCE NO. 8 N. Chapel st. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth Unknown 16 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Zizulinski

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 31 0

(c) ~~Name of employer~~

9 BIRTHPLACE (city or town)_____

(State or country) Poland

PARENTS

10 NAME OF FATHER Felix Zizulinski

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Ida Zizulinski

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Poland

14 Informant Hospital Records

(Address) C. H. EMPSON JONES, M. D.

Filed NOV 19 1926 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1926, to Nov. 9, 1926, that I last saw him alive on Nov. 9, 1926, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Tuberculous laryngitis (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gatewood, M. D.

11-9-26 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Rosary Cem Nov 12 1926

20 UNDERTAKER — ADDRESS

John M. Weber 803 Bank St

pec.—12-9-25—A Co.—200 Bks.

15740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89-E 15740

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (a) No. 3000 Clifton Ave Ward) 5-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Meikle

(a) RESIDENCE NO. 3000 Clifton Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 15 1843

7 AGE: Years 82 | Months 11 | Days 24 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of indnsiry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Steubenville

(State or country): Ohio.

PARENTS

10 NAME OF FATHER: Alexander Meikle

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Scotland

12 MAIDEN NAME OF MOTHER: Marion Stark

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Scotland

14 Informant: Thos E. Meikle

(Address) 3115 Clifton Ave.

15 Filed C. THOMPSON JONES, M. D.

1926 Per RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 30, 1926, to Nov 8, 1926, that I last saw h[illegible] alive on Nov 8, 1926, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows: Myocardial insufficiency Senile type, with arterio sclerosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Infarction and Angina Pectoris

(duration) yrs. mos. 10 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Wesley Bolton, M. D.

11/8, 1926 (Address) 2 Marlborough

*State the Disense Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Steubenville Ohio Date of Burial Nov 11 1926

20 UNDERTAKER: Wm J McKee Sons

ADDRESS North Ave

Cor.—1-12-25—M&T—100 Bks.

E 15741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15741

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Stafford Hotel ST. 11-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Burton Frederick Welles

(a) RESIDENCE NO. Stafford Hotel ST., WARD Red Bank-N.J.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? 53 yrs. 11 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Welles

DATE OF BIRTH (month, day, and year) Dec-9-1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Publisher
(b) General nature of industry, business, or establishment in which employed (or employer) Books
(c) Name of employer Self

BIRTHPLACE (city or town) New Haven
(State or country) Conn.

10 NAME OF FATHER Edw. B. Welles

11 BIRTHPLACE OF FATHER (city or town) New Haven
(State or country) Conn

12 MAIDEN NAME OF MOTHER Agnus Frederick

13 BIRTHPLACE OF MOTHER (city or town) Providence
(State or country) R. I.

Informant Emily B. Merrill-(Friend)
(Address) Mill Road-Red Bank-N.J.

Filed ..... 192 ..... Registrar

C. CAMPBELL JONES, M.D.

0 1926 Per Rest

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis Pedonis

Sudden

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) M. D.

Nov-11, 192 (Address) 1427 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 0 yrs., 0 mos., 5 ds. In the State 0 yrs., 0 mos., 5 ds.

Where was disease contracted, if not at place of death? Stafford Hotel

Former or usual residence Red Bank-N.J.

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Red Bank-N.J.	Nov-11-1926

20 UNDERTAKER STEHLE & WOODEN COMPANY
(WILLIAM F. WOODEN, Successor)

ADDRESS 1001 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

E 15742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75-091

E 15742

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 8-4 Ward)

2-FULL NAME Gunnard Gorman

(a) RESIDENCE NO. 926 Nat Cutler on Rusk Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Gorman

6 ~~DATE OF~~ BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant City Hospital Records

(Address)

Filed _____ 19 _____ Registrar

0 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 8 1926

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1925, to November 8, 1926, that I last saw him alive on November 8, 1926, and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis

Hypostatic Pneumonia

Cerebral Hemiplegia left (Thrombotic)

(duration) y yrs. ____ mos. ____ ds.

CONTRIBITORY (Secondary) Bronchopneumonia

(duration) ____ yrs. ____ mos. 5 ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Gennal examination

(Signed) G Hooper Lund, M. D.

Nov 10 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park	Nov 11 1926
20 UNDERTAKER	ADDRESS
Wm J Jenkins Son	Balto

Spec.—1-10-21—M&T—1500 Bks.

E 15743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 15743

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Gray

(a) RESIDENCE NO. Unknown 2271 N. Poppleton St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Unknown

14 Informant ..... (Address) Baltimore City Hospitals Baltimore, Md.

15 Filed ..... 19..... Registrar

11 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-8- 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-2- , 1926, to 11-8- , 1926, that I last saw her alive on 11-7- , 1926, and that death occurred, on the date stated above, at 8.45 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Paralysis, Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Serologi

(Signed) Harry Goldsmith M. D.

, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Nov 11 1926

20 UNDERTAKER Samuel H. Hemsley ADDRESS 528 N. Eddle

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15744

CERTIFICATE OF DEATH.

101 E 15744

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Colored Hosp

CITY OF BALTIMORE: (No. ST. 16-6 WARD)

2-FULL NAME Lloyd Harding

(a) RESIDENCE No. 610 Riggs Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Grace Harding

6 DATE OF BIRTH (month, day, and year) Oct 27, 1898

7 AGE: Years 28 Months 10 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Cinder Block

(c) Name of employer: Cinder Block Co.

9 BIRTHPLACE (city or town) (State or country): Chester South Carolina

PARENTS

10 NAME OF FATHER: David Harding

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chester S.C.

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chester S.C.

14 Informant: Mary Williams

(Address) 27 N Carroll St

15 Filed NOV 11 1926, 19.. By R.H. Registrar

C. RAMSEY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 — 8 19 26

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 19 26 to Nov 8, 19 26

that I last saw him alive on Nov. 8, 19 26

and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Hecla MD, M. D.

11/9, 1926 (Address) 1122 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — DATE OF BURIAL: Nov 11 1926

20 UNDERTAKER: Edward Bryan — ADDRESS 1651 orleans st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15745

CERTIFICATE OF DEATH.

11-001

E 15745

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Spellman

(a) RESIDENCE NO. 716 E. Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7. 1889

7 AGE: Years 37 Months 1 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J Spellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Hancock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant: Mrs. Mary M. Spellman

(Address) 716 E Biddle St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov-9, 1926, to Nov 9, 1926, that I last saw him alive on Nov 9, 1926 and that death occurred, on the date stated above, at 11.05 p. m.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St Lunes

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Clinical

11/9/, 1926 (Signed) Clement R. Monroe, M. D.

(Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: Nov. 12 1926

20 UNDERTAKER: Henry Hoeck Sons ADDRESS: 1301 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15746

CERTIFICATE OF DEATH.

E 15746

74001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2961 Fremont Ave Sub-D Ward)

2-FULL NAME Robert E. L. Thomas

(a) RESIDENCE NO. 2961 Fremont Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): June 30 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Geo Dorborneck

9 BIRTHPLACE (city or town): Emmitsburg

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm Thomas

11 BIRTHPLACE OF FATHER (city or town):

(State or country): England

12 MAIDEN NAME OF MOTHER: Catherine Eccles

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant (Address): Mrs Maggie Rinehimer 2961 Fremont Ave

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1926, to Nov 9, 1926, that I last saw him alive on Nov 9, 1926, and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Convulsion

(duration) about 10-15 min yrs. mos. ds.

CONTRIBUTORY (Secondary): apoplexy

(duration) about 2 days yrs. mos. ds.

18 Where was disease contracted if not at place of death? 406 Rossiter Ave

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual.

(Signed) H Lebrun Ewalt, M. D.

11/11, 1926 (Address) 2945 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mountoure Md Date of Burial: Nov 12 1926

20 UNDERTAKER: W. J. Sudbrink Sons ADDRESS: Northern

Spec.—1-10-21—M&T—1500 Bks.

E 15747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118 E 15747

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Nellie L. Blaney

(a) RESIDENCE NO. 1730 Ellamont ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29 1897

7 AGE: 29 Years; Months 1; Days 11; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Walter Blaney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Nellie Loane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mrs Nellie Blaney 1730 Ellamont St.

15 Filed NOV 11 1926, 19 Per C. THOMSON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1926, to Nov. 10, 1926

that I last saw her alive on Nov. 10, 1926

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows: Uterine Retrodisplacement

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pyelytis Ileus

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 11/6/26

Was there an autopsy? No Clin Exam.

What test confirmed diagnosis?

(Signed) Louis T. Lapp M. D.

(Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem — DATE OF BURIAL: Nov 13 1926

20 UNDERTAKER: Wm J Fuchtner & Sons — ADDRESS: Bal Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15748

CERTIFICATE OF DEATH.

31 E 15748

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No 2415 Mace St 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thelma Whitaker

(a) RESIDENCE NO. 2415 Mace st St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) June 20. - 1907.

7 AGE	Years	Months	Days	IF LESS than 1 day.....brs. or.....min.
	19	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Carroll Co md.

PARENTS

10 NAME OF FATHER Jerome Whitaker

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Carroll Co. md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Carroll Co md.

14 Informant John Whitaker

(Address) 2432 McCulloh st.

15 Filed_____ 19_____ Registrar

NOV 11 1926 R.J.C.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrage from Lungs

Prob T.B.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Jno J. Morrissey M. D.

(Coroner)

11/10, 1926 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Johnsville Carroll Co Md	Nov 11 1926
20 UNDERTAKER	ADDRESS
John F Gruen	538 Dolphin St

Spec.—12-9-25—A Co.—200 Bks.

Dr Heller - 1937 Gough St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15749

90 E 15749

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 713 S. Rose St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Grouling

(a) RESIDENCE NO. 713 S. Rose St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Jim Doe Co.

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jno Grouling

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Dunker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Anna M Cisbon

(Address) 713 S Rose St

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Nov 8, 1926, that I last saw h.. alive on Nov 5 1926, and that death occurred, on the date stated above, at 3:15 p.m.

The CAUSE OF DEATH* was as follows:

Paralysis Left Chest

(duration) 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno [illegible], M. D.

, 19 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — Date of Burial 11/12 1926

20 UNDERTAKER: W. M. Cook — ADDRESS 502 E Monument

Spec.—12-9-25—A Co—200 Blks.

Dr Katzenbarker ✓
1729 N Lombard St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15750 — 74-001 — E 15750

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 25 Wheeler Ave 20-3 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances D. M. Barkeley

(a) RESIDENCE NO. 25 Wheeler Ave St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W.	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Monk H Barkeley

6 DATE OF BIRTH (month, day, and year) Oct 5 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Unknown

14 Informant Jos. Wilds

(Address) 25 Wheeler Ave

15 Filed NOV 11 1926 Per THOMPSON JONES, M.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 13 1925 to Nov 9 1926, that I last saw h.. alive on Nov 9 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) James H Barkeley M. D.

11/10 1926 (Address) 1729 N Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial Nov 11 1926

20 UNDERTAKER W. H. Cook ADDRESS 507 E Madison St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15751

CERTIFICATE OF DEATH.

90 E 15751

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1525 Williams St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Schramm

(a) RESIDENCE NO. 1525 Williams St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F.

6 DATE OF BIRTH (month, day, and year) Feb 18 1903

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
23	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Benton

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Walter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant: John F. Schramm

(Address) 1525 Williams

15 Filed ..... 19 .....

NOV 1 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1926, to Nov 10, 1926, that I last saw h.. alive on Nov 10, 1926, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Indefinite

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Ephemeritis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. H. Campbell, M. D.

Nov 10 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Nov 13 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North

Dec.—6-9-19—H. P. Co.—1000 Bks.

E 15752 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15752

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 Forest Ave Highdale WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Leroy Knapp

(a) RESIDENCE. NO. 25 Forest Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 9. 1926

7 AGE — Years, — Months, 0 Days, If LESS than 1 day, 7 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Highdale

PARENTS

10 NAME OF FATHER: Charles S. Knapp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary S. Malin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Charles S. Knapp
(Address): 25 Forest Ave

15 Filed NOV 11 1926 By: RH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1926, to Nov 10, 1926, that I last saw him alive on Nov 9, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
6 month.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Rupture of membrane

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Emmert, M. D.

Nov 11, 1926 (Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gord. Shepherd Cem. — DATE OF BURIAL: 11/10 26

20 UNDERTAKER: Scott M Stan — ADDRESS: Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

E 15753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 15753

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Lancaster ST. 3-4 WARD)

2-FULL NAME. HELEN R. KALINOWSKI.

(a) RESIDENCE NO. 1519 Lancaster ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 10-1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child, M D

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, (State or country) MD.

PARENTS

10 NAME OF FATHER Alexander Kalinowski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Sophia Wlodarska,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant Alexander Kalinowski,
(Address) 1519 Lancaster St

15 Filed NOV 11 1926 19 Per ..... Registrar

C. PARKER JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1926, to Nov 10, 1926, that I last saw h[e]r alive on Nov 10, 1926, and that death occurred, on the date stated above, at 5-30 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Prolapse

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) William J. Rysanek M. D.

19 26 (Address) 801 W Lakewood Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ST. STANISLAUS CEMETERY

DATE OF BURIAL: Nov 11- 1926

20 UNDERTAKER: M. F. Sadowski.

ADDRESS: 705 S. Ann St

Spec.—1-10-21—M&T—1500 Bks.

E 15754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15754

CERTIFICATE OF DEATH.

1-1 13

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Cambridge ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Jaskulski,

(a) RESIDENCE NO. 2106 Cambridge ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7-1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child, ab

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) MD.

PARENTS

10 NAME OF FATHER William Jaskulski,

11 BIRTHPLACE OF FATHER (city or town) Baltimore, (State or country) MD.

12 MAIDEN NAME OF MOTHER Helen Rataczak,

13 BIRTHPLACE OF MOTHER (city or town) Bufflo, (State or country) N.Y.

14 Informant Mrs. Helen Jaskulski, (Mother)

(Address) 2106 Cambridge Street

15 Filed 1926 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1926, to Nov. 10, 1926, that I last saw him alive on Nov. 4, 1926, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

Diarrhoea

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Sudlersville, Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Rehberger M. D.

, 19 (Address) 1709 Aliceanna St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ST. STANISLAUS CEMETERY — DATE OF BURIAL: Nov. 12 19 26

20 UNDERTAKER: M. J. Sadowski — ADDRESS: 705 S. Ann St

R.K.

e.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15755

CERTIFICATE OF DEATH.

129

E 15755

1-PLACE OF DEATH 822 N Carollton Ave

REGISTERED NO.

ITY OF BALTIMORE: (No. Presbyterian Home of Maryland ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Brown

(a) RESIDENCE No 822 N Carrollton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced. (write the word) single

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) June 28 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	10 11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Probably Baltimore Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Records Presbyterian Home (Address)

15 Filed NOV 11 1926 19 For K M Registrar C. [illegible] JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1926

17 I HEREBY CERTIFY, That I attended deceased from July, 1926, to Nov. 8, 1926, that I last saw her alive on Nov 8, 1926, and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema (duration) yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical ex

(Signed) J McCampbell, M. D.

Nov 10 1926 (Address) 826 N Carrollton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov 11 1926

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W North Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 15756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43

Registered No. E 15756

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 Shirley ave St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... William E Wright

(a) Residence No. 14 Shirley ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

6a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma E Wright

6-DATE OF BIRTH (month, day and year) July 15 Ld 1864

7-AGE, 62 yrs. 3 mos. 25 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)..... O'W S

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Joseph H Wright

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Eliza Harriman

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Balto Co Md

14-(Informant)..... Mrs J E Wright

(Address)..... 14 Shirley ave

15-Filed ..... 1926 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 10. 1926.

17-I HEREBY CERTIFY, That I attended deceased from Jan. 15 1926 to Nov. 14 1926 that I last saw h. alive on Nov 9a 1926 and that death occurred, on the date stated above, at 3.30a m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Toxaemia

.....

.....

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Carcinoma of

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? yes Date of March 26

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas Semmes, M. D.

11/10/26 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL,
Greenmount Cemetery	Nov 12th 1926
20-UNDERTAKER,	ADDRESS
George Schilling & Sons	1136 E Monument St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15757 — 91-007 — E 15757

1-PLACE OF DEATH

City of BALTIMORE: (No. 3050 Abel ave St. 12-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... John C Friedel

(a) Residence No. 3050 Abel ave St.,.....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, Widower or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Katharine Friedel

6-DATE OF BIRTH (month, day and year) Nov 7th 1858

7-AGE, 68 yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coffee Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John C Friedel Sr

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Magdalene Rabenstein

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-
(Informant)..Mrs. Clara F. Brown
(Address)...2702 W. Calvert

15-
Filed NOV 1 1926
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11/10/26

17- I HEREBY CERTIFY, That I attended deceased from Sept 1925, to Nov 10 1926, that I last saw h. alive on Nov 10 1926, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene of Both Feet

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(Duration) Unknown yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jefferis Rueda M. D.

11/10. 1926 (Address) 2844 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Nov 13th, 1926

20-UNDERTAKER, George Schilling & Sons — ADDRESS 1126 E Monument

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15758

100-001

E 15758

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 221 N. Rose ST. 6-3 WARD)

2-FULL NAME Virginia Theresa Di Pezio

(a) RESIDENCE NO. 221 N. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) ~

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 4, 1926

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
			7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto City Md

10 NAME OF FATHER Ofortunio Di Pezio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maryglia Di Angelis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Ofortunio Di Pezio
(Address) 221 N. Rose St

Filed ...1926..., 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1926, to Nov 11, 1926

that I last saw her alive on Nov 10, 1926

and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Primary
Broncho Pneumonia
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D Di Stefano M. D.

Nov 11, 1926 (Address) 407 N. Chester St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: S.S. Vincents — DATE OF BURIAL: Nov. 11 1926

20 UNDERTAKER: Jos. J. Herr & Son — ADDRESS: 156 N. Luzerne ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 15759

CERTIFICATE OF DEATH.

REGISTERED NO. E 15759

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 23-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Feeny

(a) RESIDENCE NO. 215 - Dickman St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sim

6 DATE OF BIRTH (month, day, and year): Sept. 27. 1886

7 AGE — Years: 40 — Months: 2 — Days: 13 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Tomulen Co.

9 BIRTHPLACE (city or town):

(State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Peter Feeny

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Anner McMarr

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Mrs. John J. Coolahan

(Address) 1124 W. Cross St.

15 Filed ..... 19 .....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1926, to Nov. 9, 1926, that I last saw him alive on Nov. 9, 1926, and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) R. Smoll, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

Date of Burial: Nov 17 1926

20 UNDERTAKER: Chas. L. Stevens,

ADDRESS: 1901 E Fort Ave

...r.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15760

CERTIFICATE OF DEATH.

181-09

E 15760

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 423 N. Saratoga ST. W-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Whitacher

(a) RESIDENCE No 423 N Saratoga ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 15 1871

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	52	7	28	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House-keeper
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

BIRTHPLACE (city or town) (State or country) Massachusetts

10 NAME OF FATHER John Whitacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

Informant Mrs. Robert Wicker

(Address) 423 N. Saratoga St.

Filed Nov 13 1926 THOMPSON JONES, ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

P. H. 1 hr

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

(Coroner.)

Nov 7 1926 (Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs., ...mos., ...ds. In the State ...yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Nov 12 1926
20 UNDERTAKER Josiah Lyter	ADDRESS 1600 W Pratt

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15761 — E 15761

CERTIFICATE OF DEATH.

88

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 N. Luzerne ST., 13 WARD)

2-FULL NAME Eufresina Frank

(a) RESIDENCE NO. 924 N Luzerne ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Frank

DATE OF BIRTH (month, day, and year): Sept 1840

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	86	2		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Nicola Colucci

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Angela Colucci

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Jacob Frank
(Address): 924 N Luzerne St

15 Filed: NOV 12 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from 7-9- 1926, to 11-9- 1926, that I last saw her alive on 11-9 1926, and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis with hypertension

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary): myocarditis acute

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical -

(Signed) S. Edmunds M. D.

(Address) 1604 Linden Ave 11-10 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 12 1926

20 UNDERTAKER: Geo M. Frank & Son — ADDRESS: 811 N Eutaw St

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10

E-15762 — PLACE OF DEATH

REGISTERED NO. E 15762

City of BALTIMORE: (No. 3608 Falls Road St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine E. Gill

(a) RESIDENCE NO. 3608 Falls Road St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 26 1917

7 AGE — Years: 9 — Months: 11 — Days: 15 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Hayden Gill

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Grace Orum

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: John Orum

(Address): 3608 Falls Road

Filed ..... 19 ..... JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Nov. 11 — 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 9, 1926, to Nov 11, 1926

that I last saw h[illegible] alive on Nov. 11, 1926

and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure Sudden

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Laryngeal Diphtheria

(duration) ..... yrs. under 1 mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Nov. 11, 1926 (Address) 112 W. 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Date of Burial: Nov 13 1926

20 UNDERTAKER: Ehrnwerth Son ADDRESS: 417 Chestnut St

1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15763

CERTIFICATE OF DEATH.

188-603 E 15763

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

OF BALTIMORE: (No. Colonial Hospital ST., 15-13 WARD)

FULL NAME Leonard Braxton

RESIDENCE NO 1408 N Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	Col.	Single

rried, widowed, or divorced
SBAND) of
) WIFE of —

OF BIRTH (month, day, and year) June 6-1926

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	5-	2.	

PATION OF DECEASED
Trade, profession or
cular kind of work ..... Child
General nature of industry,
ness, or establishment in
h employed (or employer)
Name of employer School

HPLACE (city or town)
e or country) Maryland

AME OF FATHER Milton Braxton

IRTHPLACE OF FATHER (city or town)
State or country) Va

AIDEN NAME OF MOTHER Gussie Payne

IRTHPLACE OF MOTHER (city or town) Va
State or country)

ormerly Mrs Gussie Braxton
ddress) 1408 N Gilmore St

Registrar

2 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto Accident

Fracture of Skull (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Shock (duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

, 192 (Address) (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 11-12 1926

20 UNDERTAKER Franklin W Seitz — ADDRESS 709 W 23rd St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15764

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-001

E 15764

REGISTERED NO.

City of BALTIMORE: (No. 570 Preston St St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Spencer

(a) RESIDENCE NO. 570 Preston St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Sept 2nd 1924

7 AGE	Years	Months	Days	IF LESS than 1 dny.....hrs. or.....min.
	2	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ Md

(c) Name of employer ✓

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Daniel Spencer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Johnson

12 MAIDEN NAME OF MOTHER Ethel Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Ethel Spencer

(Address) 570 W. Preston St.

15 Filed....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-10-1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 9th, 1926, to Nov 10th, 1926, that I last saw h.. alive on Nov 10th, 1926, and that death occurred, on the date stated above, at 7:15 a m.

The CAUSE OF DEATH* was as follows:

Acute Catarrhal Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY ✓ (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Place of death

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) John A Harper, M. D.

, 19 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial Nov 13 26

20 UNDERTAKER Leonard Whalen ADDRESS 908 Myrtle Ave

Spec.—12-9-25—A Co.—200 Bks.

E 15765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151 E 15765

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Bell

(a) RESIDENCE NO. 1310 W Lafayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Second hand man

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Amos Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant: Gertrude Broome

(Address) 1310 W Lafayette Ave

15 Filed NOV 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1926, to Nov. 9, 1926

that I last saw him alive on Nov. 9, 1926

and that death occurred, on the date stated above, at 5-30 m.

The CAUSE OF DEATH was as follows: Senile Gangrene of Right foot & Leg - C

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H Barnes, M. D.

, 19 (Address) Balto City Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Nov 12 1926

UNDERTAKER: Samuel Farson ADDRESS 916 Cathedral

Cor.—12-9-25—A Co.—200 Bks.

E 15766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

30 E 15766

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2th) Boston, Kennedale (Ward)

2-FULL NAME James Carey

(a) RESIDENCE NO. 320 N Front St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 36 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O&O

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: James H Harris

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Eliza Ausley

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Celia Lockley

(Address) 302 N Fremont

15 Filed DEC 2 1925 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Accidental Fall & Injuries Multiple Fractures

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

Signed) J C Lacy M. D.

(Coroner)

, 19 (Address) 943 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial Nov 12 1926

20 UNDERTAKER: David Easton ADDRESS 916 Eager.

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15767

CERTIFICATE OF DEATH.

74-001

E 15767

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 W. Fulton Ave ST. 15-W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte E. Barnett

(a) RESIDENCE NO. 1430 W. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Barnett

DATE OF BIRTH (month, day, and year) April 6, 1846

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Amey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lavan

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Harrison Barnett

(Address) 209 N. Fulton Ave.

15 Filed NOV 2 1926, 19 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1926, to Nov 10th, 1926, that I last saw her alive on Nov 9th, 1926, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. D. Hammer, M. D.

Nov 11, 1926 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Nov. 13, 1926

20 UNDERTAKER E. Leroy Stiffler

ADDRESS 125 E. North Ave.

...—1-12-23—M&T—500 Bks.

E 15768 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15768

CERTIFICATE OF DEATH.

+ 65-002

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. U. S. Marine Hospital 47-2 WARD)

2-FULL NAME Theodore F. Butts

(a) RESIDENCE NO. 1221 N. St. N.W. Wash DC, WARD 1221 N St NW Washington DC

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mildred Butts

DATE OF BIRTH (month, day, and year) Jan 1-1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	10	10	9

OCCUPATION OF DECEASED 029

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Coast Guard

(c) Name of employer

BIRTHPLACE (city or town) (State or country) California

10 NAME OF FATHER Claud M Butts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Minn

12 MAIDEN NAME OF MOTHER Verda Blanchard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Minn

4 Informant Self (Address)

5 Filed ..., 19 ... Registrar RJL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1926, to Nov 10, 1926, that I last saw him alive on Nov 10, 1926, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Secondary Anemia (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood & Clinical

(Signed) J. C. Travers, M. D.

(Address) U.S. Marine Hosp't, 1/11, 1927

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Minneapolis, Minn

DATE OF BURIAL Nov. 13, 1926

20 UNDERTAKER E. Leroy Stelter

ADDRESS 125 E. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15769

CERTIFICATE OF DEATH.

21

E 15769

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Ashland St. 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Young.

(a) RESIDENCE NO. 827 Ashland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Young

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 65; Months; Days; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General labor

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: at large

9 BIRTHPLACE (city or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mrs Alice Young (Address) 827 Ashland St.

15 Filed ....., 19.... Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 9 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 19 26, to Nov 9, 19 26, that I last saw h— alive on Nov 5, 19 26 and that death occurred, on the date stated above, at 9 45 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Pulmonary Edema

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Bernard Trent, M. D.

Nov 11, 19 26 (Address) 1701 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Nov 12, 1926

20 UNDERTAKER: John H. Toadvine — ADDRESS 1621 Druid Hill Ave

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 15770

CERTIFICATE OF DEATH.

E 15770

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3441 Ash St. St., 13-4 Ward)

2-FULL NAME John H. Parker

(a) RESIDENCE NO. 3441 Ash St. St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mildred H. Parker

6 DATE OF BIRTH (month, day, and year): Nov. 8-1859

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
67	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman 086

(b) General nature of industry, business, or establishment in which employed (or employer): M. Fern Woodberry Mills

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) Virginia

PARENTS

10 NAME OF FATHER Jacob Parker

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliza Beam

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Virginia

14 Informant (Address) Mrs. Mildred H. Parker 3441 Ash St.

15 Filed NOV 12 1926 19 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November 10 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 1926, to Nov 9, 1926, that I last saw him alive on Nov 9, 1926, and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) O. J. Davis, M. D.

11-10 1926 (Address) 8000 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's (Hampden)

Date of Burial: Nov. 12 1926

20 UNDERTAKER: Horace A. Burgan

ADDRESS: 3631 Falls Road

Spec.—12-9-25—A Co.—200 Bks.

E 15771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 15771

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 440 Ilchester Ave St. 12-4 Ward)

2-FULL NAME Melchor C. Turnbaugh

(a) RESIDENCE NO. 440 Ilchester Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah F. Turnbaugh

6 DATE OF BIRTH (month, day, and year) May 27-1845

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore Co. Md

PARENTS

10 NAME OF FATHER Conrad Turnbaugh

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Cooper

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Maryland

14 Informant Mrs. Sarah F. Turnbaugh

(Address) 440 Ilchester Ave

15 Filed NOV 2 1926, 19____ RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11- 19 26

17

I HEREBY CERTIFY, That I attended deceased from Nov 3 1926, to Nov 11, 1926, that I last saw him alive on Nov 11, 1926, and that death occurred, on the date stated above, at 10.45 P. M.

The CAUSE OF DEATH* was as follows:

Edema Nephritis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical signs and symptoms

(Signed) C. C. Norment, M. D.

11-12, 1926 (Address) 3842 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Franklin — Date of Burial Nov. 13 1926

20 UNDERTAKER Grace H. Budge — ADDRESS 1631 Fallsway

—1-12-23—M&T—500 Bks.

Mary Waters

HEALTH DEPARTMENT—CITY OF BALTIMORE

A 5772

CERTIFICATE OF DEATH.

118-001

E 15772

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 4-1

TY OF BALTIMORE: (No. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Waters

(a) RESIDENCE NO. 1900 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 041

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTAGE

10 NAME OF FATHER ? died not know

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ? died not know

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 12 1926 K M Registrar

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) Nov 9 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 19 26, to Nov 9, 19 26,

that I last saw h[illegible] alive on Nov 9 19 26,

and that death occurred, on the date stated above, at 5:20 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction secondary
to Femoral Hernia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Femoral Hernia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Joseph C Litzenberg, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Nov 12 19 26

20 UNDERTAKER Emmett Hawley

ADDRESS 57 Baddus

1-12-23—M&T—500 Bks.

E 15773 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital 20-1 REGISTERED NO. 44

TY OF BALTIMORE: (NO. ..... ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Edward Healy

(a) RESIDENCE NO. 415 Norman Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Divorced

If married, widowed, or divorced HUSBAND of or) WIFE of Kate M. Carlisle

DATE OF BIRTH (month, day, and year) Nov 3rd 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
57	59	0	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 03

(b) General nature of industry, business, or establishment in which employed (or employer) Bridge Shop

(c) Name of employer B. O. R. R.

BIRTHPLACE (city or town) Balto (State or country) Md

10 NAME OF FATHER Patrick Healy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Jerome Tierney (Address) 1 Norman Ave

15 Filed 2 1926, 19 Per ..... Registrar

C. HARPER JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1926, to Nov. 10, 1926, that I last saw him alive on Nov. 10, 1926, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach with metastasis to liver

(duration) History yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Laparotomy Date of Nov. 5, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Operative

(Signed) Geo. D. Lipsey, M. D.

. 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Nov. 3 1926
20 UNDERTAKER	ADDRESS
Kemp & Perkins	[illegible]

—1-12-23—M&T—500 Bks.

15774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 15774

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Ashland Ave ST. 10-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Banks Jr.

(a) RESIDENCE NO. 1425 Ashland Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	married

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) 1880.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46.	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer.

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Charles Banks Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah J Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Malvina Banks (Address) 1425 Ashland Ave

15 Filed NOV 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-1926

17 I HEREBY CERTIFY, That I attended deceased from 10-27-1926, to 11-9-1926, that I last saw h— alive on 11-8-1926, and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis of lungs

(duration) yrs. mos 90 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. McCaffrey, M. D.

(Address) 611 N. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Antrim Cemetery — DATE OF BURIAL Nov 14 1926

20 UNDERTAKER Robert E Williams — ADDRESS 1615 N Eutaw St

c.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15775

CERTIFICATE OF DEATH.

124 E 15775
REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1600 N. Caroline St ST. 9-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Martin Talbott

(a) RESIDENCE. No. 1600 N. Caroline St ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Virginia Lee Talbott

DATE OF BIRTH (month, day, and year) Sept 29, 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	1	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk - Balto Post Office

(b) General nature of industry, business, or establishment in which employed (or employer) Post Office

(c) Name of employer U. S. Government

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Charles M. Talbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Eugenia ~~Talbott~~ Daniels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md. Hooper

14 Informant W. L. Talbott son
(Address) 1600 N. Caroline St

15 Filed VT 2 1926 Per R.F. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1926, to Nov 10, 1926, that I last saw h...alive on Nov 10, 1926, and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart, Exhaustion
7 Hrs Illness

(duration) yrs. mos. 10 Days

CONTRIBUTORY (Secondary) Exhaustion 7 Hrs Illness

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R B Carman, M. D.

11-11, 1926 (Address) 1101 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetary — DATE OF BURIAL: 11/13/26

20 UNDERTAKER: John Burns Sons — ADDRESS: Towson Md

Spec.—1-10-21—M&T—1500 Bks.

E 15776 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15776

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. W 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Phelan

(a) RESIDENCE NO. 307 N. Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

DATE OF BIRTH (month, day, and year) June 21 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72		7	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nothing

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER P H. Phelan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Walsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs LeFevre (Address) 4719 Park Heights Ave

15 Filed NOV 12 1926 E. CAMPBELL JONES, M. D. Registrar Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11- 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-16, 1926, to 11-11, 1926, that I last saw him alive on 11-11, 1926, and that death occurred, on the date stated above, at 9 10 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Cardiac Insufficiency

Senility

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Carcinoma rectum

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/8/26

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Operation

(Signed) Theron Hunter, M. D.

11/11, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Nov 13 1926

20 UNDERTAKER Josiah Lyter & Son — ADDRESS 1101 North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15777

CERTIFICATE OF DEATH.

134 E 15777

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 819 E. FORT AVE. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Henry Elliott:

(a) RESIDENCE NO. 819 E. Fort Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: infant.

6 DATE OF BIRTH (month, day, and year): Oct, 25, 1926.

7 AGE: Years | Months | Days: 19

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto. Md:

PARENTS

10 NAME OF FATHER: Henry F. Elliott.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Edna Robey.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Alexander Va.

14 Informant: Henry Elliott, Father.

(Address): 819 E. Fort Ave.

15 Filed ..... 19 ..... Registrar

NOV 12 1926 Per CLARENCE JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 8 1926, to Nov 12 1926, that I last saw him alive on Nov 11 1926, and that death occurred, on the date stated above, at 5 00 a.m.

The CAUSE OF DEATH* was as follows:

Impetigo Contagiosa

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary), malnutrition & convulsions (duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Obs

(Signed) M. Elliott, M. D.

11/12 1926 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Date of Burial: Nov. 12 1926

20 UNDERTAKER: C. Howard Evans ADDRESS: 38 E. Fort Ave

Dec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15778

CERTIFICATE OF DEATH.

129 E 15778

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Woodbrook St., 18-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna J. Killman

(a) RESIDENCE No. 2429 Woodbrook Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Killman

DATE OF BIRTH (month, day, and year): July 24-1838

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): God

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis Md

PARENTS

10 NAME OF FATHER: John Slaymaker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anna Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): J. D. Thomas Annapolis Md

15 Filed 12 1926, 19 C. CAMPBELL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1921, to Nov 10, 1926, that I last saw h[illegible] alive on Nov 10, 1926, and that death occurred, on the date stated above, at 830 9 m.

The CAUSE OF DEATH* was as follows:

Assumed Coma

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Infirmities of age over

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 1303 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Bluff Cem. Co. DATE OF BURIAL: Nov 12 1926

20 UNDERTAKER: Geo M. Frank & Son ADDRESS: 811 N Wolfe

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5779

10 E 15779

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Gough ST. 3-V WARD)

2-FULL NAME Bronisaw Andrzejewski.

(a) RESIDENCE NO. 1614 Gough ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? life yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Aug 20 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	2.	3	22	

OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wladyslaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Malinowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant's (Address) Mrs. Andrzejewski 1614 Gough St

Filed NOV 12 1926 Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1926, to Nov. 12th, 1926

that I last saw him alive on ..., 1926

and that death occurred, on the date stated above, at 6.55 A m.

The CAUSE OF DEATH* was as follows:

Dysthermia

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Senile

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Jacob L. Weinstein, M. D.

11-12 1926 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Nov 13 1926

20 UNDERTAKER: J. W. Ozazewski — ADDRESS: 1930 Easton

Rec—12-23-21—E.R.F.S.—400 Eks.

E 15780

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15780

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No. 1923 101

City of BALTIMORE: (No. 2807 St Paul St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Theresa Kaufman

(a) Residence No. 2807 St Paul St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W

5-Single, Married, Widowed, or Divorced, (Write the word.) M

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L Kaufman

6-DATE OF BIRTH (month, day and year) April 21 66

7-AGE. 60 yrs. 6 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS.

10-NAME OF FATHER. Simon Bolte

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Stroube

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Edw L Kaufman

(Address) 2707 St Paul St.

15- Filed NOV 12 1926, 19?. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 10 26

17- I HEREBY CERTIFY, That I attended deceased from Nov 2 4 1926, to Nov 10 1926

that I last saw h alive on Nov 9 4 1926

and that death occurred, on the date stated above, at 1-30 4 m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

& Both Lungs (Type III)

(Duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) 4 yrs. 4 mos. 4 ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cultures

(Signed) Stephen Buck, M. D.

10/10, 1926 (Address) 2846 E Pratt St

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Druid Ridge Cem	Nov 12, 1926
20-UNDERTAKER.	ADDRESS
H M Routson	2230 N Howard

r.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15781

CERTIFICATE OF DEATH.

90 E 15781

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 914 S Kenwood ST. 1-3 WARD)

2-FULL NAME Mary Nelka

(a) RESIDENCE NO 914 S Kenwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Frank Nelka

ATE OF BIRTH (month, day, and year) unknown

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

IRTHPLACE (city or town) Poland
(State or country)

10 NAME OF FATHER Kordsi

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

Informant Frank Nelka
(Address) 914 S. Kenwood ave

Filed ..... 192 ..... Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) Extinction yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

(Signed) G E Bleiler, M. D.
(Coroner)

Nov 11 1926 (Address) 43 E 13 mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	Nov. 15 1926
20 UNDERTAKER	ADDRESS
Stephen J. Fialkowski	1000 S. Kenwood Ave

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15782

CERTIFICATE OF DEATH.

108-001

E 15782

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 6 WARD)

2-FULL NAME Jessie Demetrius

(a) RESIDENCE NO. 32 N. Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 24-1916

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
10	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Simon Bernstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Simkovitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Simon Bernstein

(Address) 32 N. Bond St

15 Filed NOV 12 1926 [illegible] Registrar

For R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1926 to Nov 12, 1926,

that I last saw h alive on Nov 12, 1926

and that death occurred, on the date stated above, at 4 20 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & symptoms

(Signed) [illegible] M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Orph Ast

DATE OF BURIAL 11/12 19 26

20 UNDERTAKER Jack Levin

ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 15783

CERTIFICATE OF DEATH.

90 E 15783 Registered No. C.....

1-PLACE OF DEATH
City of BALTIMORE: (No. Colonial Hospital St., 5-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Lichtenstein

Residence in Baltimore: No. 143 N. Eutaw Street St.; yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-DATE OF BIRTH. Unknown (Month) (Day) 1 (Year)

7-AGE. 57 yrs. — mos. — ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Peddler
(b) General nature of industry, business, or establishment in which employed (or employer): 045

9-BIRTHPLACE, (State or Country). Russia

PARENTS.

10-NAME OF FATHER. Harry Lichtenstein

11-BIRTHPLACE OF FATHER. (State or Country) Russia

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country) Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Yetta Lichtenstein
(Address) 143 N. Eutaw St.

15-
Filed NOV 12 1926 19.. K K Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 11 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) Yrs. mos. 1 ds.

(Signed) H. C. Yates M. D.
(Coroner)
192.. (Address) 143 N. Eutaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Hebrew Rock Rd DATE OF BURIAL. 11/12 1926

20-UNDERTAKER. Jacob Levinson ADDRESS Funeral

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15784

CERTIFICATE OF DEATH.

E 15784

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., B-1 WARD)

205 002 E 15784

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman Enoch

(a) RESIDENCE NO. 20 S. High St ST., Baltimore WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept 28 1926.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	24 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Benjamin Enoch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Fannie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant

(Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 12 1926 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11 1926 to Nov 11 1926, that I last saw h alive on Nov, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Cause Unknown

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thomas G Comegys M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northern Circle

DATE OF BURIAL 11/12 1926

20 UNDERTAKER Jack Lewis

ADDRESS 1424 Eutaw St

—1-15-23—M&T—500 Blks.

E 15785

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 15785

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 4813 Eastern Ave ST. 76-7 WARD)

2-FULL NAME Caroline Yingling

(a) RESIDENCE NO. 4813 Eastern Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Yingling

DATE OF BIRTH (month, day, and year): Feb 16 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Martin Vetter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Carrie Siegmund

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Marie C. Weichhusen
(Address): 4813 Eastern Ave

15 Filed NOV 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1923, to Nov 10, 1926, that I last saw her alive on Nov 10, 1926, and that death occurred, on the date stated above, at 4:35 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

3
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis
(duration) 1½ yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Geo. Keller, M. D.

11/11, 1926 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov. 13 1926

20 UNDERTAKER: Zirkler & Zirkler — ADDRESS: 1739 E. Eager St.

Spec.—I-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15786

CERTIFICATE OF DEATH.

31 E 15786

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1514 N. Fremont ave St., 15-13 WARD)

2-FULL NAME Henry Johnson

(a) RESIDENCE NO. 1514 N. Fremont ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 5 - 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westmoreland Co., Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Jas. Purvey
(Address) 572 Baker st.

15 Filed ..... 19 .....
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9- 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-14 , 1926 , to 11-9- , 1926 , that I last saw h— alive on 11-5- , 1926 , and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Personal knowledge
History (duration) 2 yrs. mos 6 wks

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) George C Page M. D.

, 19 (Address) 1062 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov 14 1926
20 UNDERTAKER Thomas E. Kelson.	ADDRESS 1303 Pressstmen st

Spec.—1-10-21—M&T—1500 Bks.

E 15787 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15787

CERTIFICATE OF DEATH. 128

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2917 Ellwood ST. 41 WARD)

2-FULL NAME Edward Brooks

(a) RESIDENCE NO. 2917 Ellwood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Color | 5 Single, Married, Widowed, or Divorced, (write the word) Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Brooks

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE | Years 62 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) ~ 035

(c) Name of employer Dority Lumber Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mamie Brooks (Address) 2917 Ellwood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3d, 1926, to Nov. 9th, 1926, that I last saw h[illegible] alive on Nov. 8th, 1926, and that death occurred, on the date stated above, at 12:50 P. m.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) yrs. ... mos. 1 wk ds.

CONTRIBUTORY (Secondary) Stock work & Exposure

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Chew, M. D.

11/27, 1926 (Address) 22 S. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL Nov. 13 1926

20 UNDERTAKER Mrs Gas H. Dennis & T. B. Nelson — ADDRESS 1303 Presstman St

Spec.—12-9-25—A Co.—200 Bks.

E 15788

HEALTH DEPARTMENT—CITY OF BALTIMORE

151 E 15788

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bello City Hospital St. 172 Ward)

2-FULL NAME Harriet Johnson Jackson

(a) RESIDENCE NO. 558 St. Mary's St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Forester Jackson

6 DATE OF BIRTH (month, day, and year) J 1859 [redacted].

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Human Steward

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Matilda Jackson

(Address) 429 Druid Hill Ave

15 Filed ..... 19 ..... Registrar

OCT 12 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1926, to Nov. 10, 1926, that I last saw h[illegible] alive on Nov. 9, 1926 and that death occurred, on the date stated above, at 2 30 a.m.

The CAUSE OF DEATH* was as follows: Senile Gangrene of Left Foot & Leg. (Non Diabetic)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) W. B. Heyser, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial 11/12/1926

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1621 Druid Hill

Cor.—12-9-25—A Co.—200 Bks.

E 15789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 15789

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 421 N. Barre St. St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie Collins.(C)

(a) RESIDENCE NO. Morgan St. Mt. Winans. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Married.

5a If married, ~~XXXXXXXXXXXX~~ ~~XXXXXXXX~~ (or) WIFE of William Collins (C)

6 DATE OF BIRTH (month, day, and year) July 26 1883

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	43	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Riley.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sallie Butler.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Margaret Gordon.(C) daughter.

(Address) Morgan St. Mt. Winans.

15 Filed_____, 19_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 9, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Steinhardt, M. D. (Coroner)

11/11 19 26 (Address) 1017 E Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Nov 12 19 26

20 UNDERTAKER Samuel A. Hinsley ADDRESS 57 N. Eddew

Spec.—1-10-21—M&T—1500 Bks.

15790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 15790

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 844 W. Lexington ST. 18-1 WARD)

2-FULL NAME Clara Susan Aleorn

(a) RESIDENCE NO. 844 W Lexington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Thomas Aleorn

6 DATE OF BIRTH (month, day, and year) Sept 16 1876

7 AGE | Years 50 | Months 1 | Days 26 | If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Household work

(b) General nature of industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington DC

PARENTS

10 NAME OF FATHER Kelly Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Virginia Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Fanny Love Aleorn

(Address) 2414 W Lex St

15 Filed NOV 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1926, to Nov 11, 1926.

that I last saw her alive on Nov 10, 1926,

and that death occurred, on the date stated above, at 1.20A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

&

(duration) yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(duration — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Gustav Wolman M. D.

, 19 (Address) 26 W Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harbor View Cem Sandy Springs Md — DATE OF BURIAL 11/14 19 26

20 UNDERTAKER Samuel Wheeler — ADDRESS 1128 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

Emma Hawkins

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 15791

CERTIFICATE OF DEATH.

E 15791

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 401 St Paul Place St., 4-3 Ward)

2-FULL NAME Emma Hawkins

(a) RESIDENCE NO. 401 St Paul Place St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): June 10, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Meredith Harden

(Address) 1107 Leadenhall

15 Filed _____ 19___ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-9-1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) W. J. Daly M. D.

(Coroner)

Nov. 11 1926 (Address) 829 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: 11/13 1926

20 UNDERTAKER: Mrs. P. A. Elliott — ADDRESS: 1725 Eastland ave

NOV 12 1926 C. CARLTON JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15792

CERTIFICATE OF DEATH.

REGISTERED NO. E 15792

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Louise Manger

(a) RESIDENCE NO. Westminster Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6b DATE OF BIRTH (month, day, and year) May 10 1915

7 AGE 11 Years | 6 Months | 2 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work High School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Westminster (State or country) Md

PARENTS

10 NAME OF FATHER E. H Manger

11 BIRTHPLACE OF FATHER (city or town) Westminster (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Jane Brown

13 BIRTHPLACE OF MOTHER (city or town) Taneytown (State or country) Md

14 Informant E. H Manger (Address) Westminster Md

15 Filed 11 2 1926 C. ATHERSON JONES, M. D. Registrar Per R H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/1/26

17 I HEREBY CERTIFY, That I attended deceased from 11/1/26, 19, to 11/1/26, 19, that I last saw her alive on 11/1/26, 19, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Streptococcus Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock. Operation

(duration) yrs. mos. ½ hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/1/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Burial | DATE OF BURIAL 11/3 1926

20 UNDERTAKER H H Bankard & Son | ADDRESS Westminster Md

L—1-12-23—M&T—500 Bks.

15793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185

E 15793

REGISTERED NO.

1-PLACE OF DEATH University Hospital Lombard & Greene Sts

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ST. 153 WARD)

2-FULL NAME John T. Lynch.

(a) RESIDENCE No. 3832 Park Hgts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Mary E. Lynch

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER [illegible] Lynch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll county Md.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

4 Informant Harvey R. Arnold

(Address) 3832 Park Heights ave

5 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Novbr 12 1926

17

I HEREBY CERTIFY, That I attended deceased from November 6 1926, to November 12 1926, that I last saw h ing alive on November 12, 1926, and that death occurred, on the date stated above, at 3:40 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Fracture of neck of left femur over 7

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? 3832 Park Heights ave.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) Jacob Rosenau M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Md	11/15 1926
20 UNDERTAKER	ADDRESS
H B Barnard & Son	Westminster Md

Cor.—12-9-25—A Co.—200 Bks.

15794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 15794

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Peabody Institute Int. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sally Caulfield

(a) RESIDENCE NO. Peabody Institute Int. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race white

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frank Caulfield

6 DATE OF BIRTH (month, day, and year) Aug 14 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49 or 50	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Frank Caulfield

(Address) Peabody Institute

15 Filed ....., 19 .....

Per ..... Registrar

C. M. JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Edema. Embolism.

Accident (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

.....(duration) .....mos. .....ds.

(Signed) W. J. Riley, M. D.

(Coroner)

Nov 11, 1926 (Address) 1633 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Nov 13 1926

20 UNDERTAKER Robt J Turner ADDRESS 1633 Broadway

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15795

CERTIFICATE OF DEATH.

90 E 15795

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 401 S. Bentalou ST. 20-4 WARD)

2-FULL NAME Catharine Letschin

(a) RESIDENCE NO. 401 S Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 45 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph J. Letschin

DATE OF BIRTH (month, day, and year) Nov. 12-1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer Retired

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Henry Klemmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Bauman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs John Lassahn

(Address) 401 S. Bentalou St.

Filed , 19

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/10- 1926

17

I HEREBY CERTIFY, That I attended deceased from 1924, 19 to Nov. 10, 1926.

that I last saw h alive on Nov 9, 1926

and that death occurred, on the date stated above, at 10-P. m.,

The CAUSE OF DEATH* was as follows: Acute Angina Pectaris

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Sudden

What test confirmed diagnosis? Irregular Heart + death

(Signed) Thos. H. Phillips, M. D.

, 19 (Address) 2300 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Nov. 13 1926
20 UNDERTAKER	ADDRESS
George L. Schwalt	410 Cook St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15796

CERTIFICATE OF DEATH.

44

REGISTERED NO. E 15796

1-PLACE OF DEATH

City of BALTIMORE: (No. 3922 Elairmount St., 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Bender

(a) RESIDENCE NO. 3922 Elairmount St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of the late Amelia Bender (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 4th 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant John E. Bender (son)

(Address) 605 S. 18th St.

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Nov. 11th

17 I HEREBY CERTIFY, That I attended deceased from Sept-2 1926, to Nov 11- 1926, that I last saw h— alive on Nov 8- 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma —

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) General exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted ✓

If not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Baker Brantley, M. D.

, 19 (Address) 125 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Matthews Cemetery	Nov 15 1926
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	4038 Woodland Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

36-002

E 15797

E 15797
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 413 S. Washington St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Schmuttle.

(a) RESIDENCE NO. 413 S. Washington St. 7 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of late Wilhelmina Wermuttle (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 5th 1858

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
68	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Wm Wermuttle.

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant William Wermuttle (Son)

(Address) 413 S. Washington St.

15 Filed..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Nov. 11th

17 I HEREBY CERTIFY, That I attended deceased from Jan - 1924, to Nov 11 - 1926,

that I last saw h— alive on Nov 9 - 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows: Arrange

Osteo-Myelitis of Rt. Leg

Dt 2 (duration) 2 yrs. — mos. ds. (over)

CONTRIBITORY (Secondary) Broncho-Pneumonia

— (duration) yrs. 1/2 mos. ds.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ino A Bonar, M. D.

, 19 (Address) 125 S Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Oak Lawn Cemetery — Nov. 15th 1926

20 UNDERTAKER — ADDRESS

Lilly & Zeiler. — 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15798

CERTIFICATE OF DEATH.

129 E 15798

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp. St. 15-13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr William Cinderson

(a) RESIDENCE NO. 1847 Lorman Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	negro.	single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER James Cinderson.

11 BIRTHPLACE OF FATHER (city or town) Virginia.
(State or country)

12 MAIDEN NAME OF MOTHER Rachael Williams

13 BIRTHPLACE OF MOTHER (city or town) Virginia.
(State or country)

14 Informant Brother—Patrick Cinderson.
(Address) 1847 Lorman Ave.

15 Filed NOV 12 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/12 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-11-26, 19..., to 11-12-26, 19...,

that I last saw h[illegible] alive on 11-12-26, 19...,

and that death occurred, on the date stated above, at 4:30 C m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary edema

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Lab. Clinical.

(Signed) J Iglesia M.D. M. D.

1926 (Address) 1122 N Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS NOV 1[illegible] 1926

NOV 12 1926 H. HANSON JONES, M.D.

078

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 15799

E 15799 CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Martin

(a) RESIDENCE NO. _____ St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	?

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
50	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Indiana

PARENTS

10 NAME OF FATHER Thomas Martin

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Lucretia Williams

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ohio

14 Informant City Hospital Records

(Address)

15 Filed _____, 19___ Registrar

NOV 12 1926

0788

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 9 1926

17

I HEREBY CERTIFY, That I attended deceased from September 12, 1926, to November 9, 1926, that I last saw him alive on November 8, 1926, and that death occurred, on the date stated above, at 12³⁰ A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Chronic Myocarditis

Myocardial Insufficiency

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ___ yrs. 1 mos. ___ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? general & Laboratory

(Signed) C. Hopper Smith, M. D.

Nov. 10 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
JOHNS HOPKINS HOSPITAL	
20 UNDERTAKER	ADDRESS
Commissioner Health.	NOV 12 1926

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15800

CERTIFICATE OF DEATH.

E 15800

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Eastern St. 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Upshaw

(a) RESIDENCE NO. 1905 E Fairmount ST., WARD

(Usual place of abode) Life (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 17, 1892

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	3	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Shaney & Co

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Jeremiah Upshaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Henry Upshaw
(Address) 1905 E Fairmount Ave

Filed 12 1926 192 KJC Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) G H Yoder, M. D.
(Coroner.)

Nov 12, 192 (Address) 423 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakmont — DATE OF BURIAL 11/17/1926

20 UNDERTAKER Wm Levering & Son — ADDRESS E Monument

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15801

CERTIFICATE OF DEATH.

10-001

10 E 15801

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 St Helens Road 17-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank T. Read.

(a) RESIDENCE NO. 16 St Helens Road ST. .... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie W Read

6b DATE OF BIRTH (month, day, and year): May 1, 1879

7 AGE: Years 47. Months 6 Days 10. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer): Insurance Agent.

(c) Name of employer: Metrop. Life Ins. Co.

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Chas. S Read

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Hannah Tellar

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. J.

14 Informant: Nellie W. Read (Address) 16 St Helens Road

15 Filed ..... 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/11 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/6, 19..., to 11/11, 19...,

that I last saw h-e alive on 11/11, 19...

and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Talbot M. D.

, 19 (Address) 5012 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 11/13 1926

20 UNDERTAKER: Wellman Cook — ADDRESS: 557 E Wash St

...r.—1-12-23—M&T—100 Bks.

15802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 15802

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Mun Hospital ST. 15-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Mc Carty

(a) RESIDENCE NO 2101 Herbert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) May 20, 1873

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	20	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Horse Shoer.
(b) General nature of industry, business, or establishment in which employed (or employer) 236
(c) Name of employer Unknown

IRTHPLACE (city or town) Balto. Md.
(State or country)

10 NAME OF FATHER John Mc Carty

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country) Rockland

12 MAIDEN NAME OF MOTHER Louise Dubsettore

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

Informant Mrs Mamie Kay
(Address) 1511 N Stricker St

Filed 192
12 1926 P.M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Uremia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) yrs. mos. ds.

(Signed) G. Grades, M. D.
(Coroner)
192 (Address) 430 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 11/13 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Monument

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5803

CERTIFICATE OF DEATH.

139 E 15803

1-PLACE OF DEATH Baltimore

REGISTERED NO.....

CITY OF BALTIMORE: (NO. Emergency Hosp. ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Marie Weber

(a) RESIDENCE NO. 511 Exeter St ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced: HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 5-1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40		9	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt. of home

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer: Exeter St Home

BIRTHPLACE (city or town) (State or country): Ill

10 NAME OF FATHER: Wm. Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Kenelott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Wm Weber

(Address): Gambrills md a&Co

Filed ... 1926 ... J. WILFRED JONES, M.D.

Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/12/26

17 I HEREBY CERTIFY, That I attended deceased from 11/8/26, 19..., to 11/12/26, 19...,

that I last saw her alive on 11/12/26, 19...,

and that death occurred, on the date stated above, at 12 10 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ... yrs. ... mos 2 ds

CONTRIBUTORY (Secondary) Surgical Shock

(duration) ... yrs. ... mos. 3 ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/9/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edgar R Miller, M. D.

(Address) Emmanuel Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nee Hollows Cemetery a&Co.	11/14 1926
20 UNDERTAKER: Wm Cook	ADDRESS: 520 E North Ave

c.—1-12-23—M&T—500 Bks.

E 15804

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15804

CERTIFICATE OF DEATH.

101-00

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST. 241 WARD)

2-FULL NAME Theodore Devean

(a) RESIDENCE NO. 218 E. Cross ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	white	child.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Mar. 22-26.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child - 2nd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Devean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Madaline Tydings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Nov. 10, 1926, that I last saw h[illegible] alive on Nov 10, 1926 and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Thomas D Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross. Brooklyn — DATE OF BURIAL 11/13 1926

20 UNDERTAKER J. H. Cook — ADDRESS 502 E. North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15805 — 86-083 — E 15805

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Across St. from her residence

City of BALTIMORE: (No. 2838 Frederick Ave. Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grace Heeson

(a) RESIDENCE NO. 2838 Frederick St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Heeson

6 DATE OF BIRTH (month, day and year) Oct 2nd 1871

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	55	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Geo. Zimmerman

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Rose Swartzbaugh

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Irvin Heeson

(Address) 2838 Frederick Ave.

15 Filed 1926 C. THOMPSON JONES, H. C.

Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concussion of Brain & Shock also left thigh fract & Larynx fract

(Duration) 4h ouer

CONTRIBUTORY (Secondary) Struck by auto

(Duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.

(Coroner)

Nov 11-1926 (Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manchester Cemetery — Date of Burial Nov 18th 1926

20 UNDERTAKER Frank V. Lipsitz — ADDRESS 2814 E Baltimore

Spec.—1-10-21—M&T—1500 Blks.

E 15806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15806

CERTIFICATE OF DEATH.

74-81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 E Lanvale ave St. 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Ingram Selby

(a) RESIDENCE NO. 820 E Lanvale ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jannette Selby

6 DATE OF BIRTH (month, day, and year): October 1854

7 AGE — Years: 72 — Months: — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Accountant

(b) General nature of industry, business, or establishment in which employed (or employer): Auditing

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: George H. Selby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary G. Hergit

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Jno. P. Selby

(Address): 820 E Lanvale Ave

15 NOV 2 1926 C. THOMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1926, to Nov 10a, 1926.

that I last saw him alive on Nov 10 1926

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary): Coronary Thrombosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 800 E Monument

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Chas R Davis M. D.

Nov 11 1926 (Address) 2102 Brookfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Nov 13 1926

20 UNDERTAKER: George J Smith — ADDRESS 153 E Hollins

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15807

CERTIFICATE OF DEATH.

E 15807

REGISTERED NO. 27-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Virginia Ave. Rasp[illegible] ST. 27th WARD)

2-FULL NAME John R. Fairbank

(a) RESIDENCE NO. Virginia Ave. Rasneburg, Md. ST., 27th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Fairbank

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	79	3	1	

8a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work B & O Freight Agent (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER John Fairbank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen J. Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Ida B. Fairbank (Address) Virginia Ave. nr Franklin Ave. Rasneburg,

15 Filed [illegible] 2 1926 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1926, to November 10, 1926, that I last saw him alive on November 9, 1926, and that death occurred, on the date stated above, at 7:45 A.m.

The CAUSE OF DEATH* was as follows:

Vesical hemorrhage

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Papilloma of the bladder.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Home)

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

A. L. Wilkinson

11/11 1926 (Address) Rasneburg, Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 13 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins St

...—1-12-23—M&T—500 Bks.

15808

HEALTH DEPARTMENT—CITY OF BALTIMORE

15808

CERTIFICATE OF DEATH.

X 122-001

1-PLACE OF DEATH Bon Secours Hospital ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (NO.

2-FULL NAME Katherine Levonis Leonas

(a) RESIDENCE NO. 536 S. Paca ST., WARD Shenandoah Pa.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
or) WIFE of —

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER Vincent Paplauski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Joseph Leonis

(Address) 301 W Wabaugy Ave Girardville Pa.

Filed 2 1926 19 C. THOMPSON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1926, to Nov. 12, 1926, that I last saw her alive on Nov. 12, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver (Alcoholic)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Geo. D. Lippy, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
le Pa. Shenandoah Pa.	Nov 15 19 26
20 UNDERTAKER	ADDRESS
John Grebliauckas J.G.	433 S Paca ST

Dec.—6-9-19—H. P. Co.—1000 Bks.

E 15809 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15809

CERTIFICATE OF DEATH.

REGISTERED NO. 89

1-PLACE OF DEATH 1601 W. Fayette

CITY OF BALTIMORE: (No. 1601 W. Fayette ST.) 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Ahern

(a) RESIDENCE. No. 1601 W. Fayette ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 0-0 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Ahern

6 DATE OF BIRTH (month, day, and year): Feb. 14. 1851

7 AGE: Years 75 Months 9 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Simon Jordon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Hanahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: John F. Ahern (Address) 1601 W. Fayette

15 Filed NOV 12 1926 C. THOMPSON JONES, M. D. Registrar
Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from November 5. 1926. to Nov. 11. 1926.
that I last saw her alive on Nov. 10. 1926.
and that death occurred, on the date stated above, at 5:30 P. m.
The CAUSE OF DEATH* was as follows:
Angina Pectoris

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Cardiac paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. B. Samuels, M. D.

11-12. 1926 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cathedral

DATE OF BURIAL: 11/13-26

20 UNDERTAKER: Geo A. Farley

ADDRESS 1803 W Fayette St

...—1-12-23—M&T—500 Blks.

15810

HEALTH DEPARTMENT—CITY OF BALTIMORE E 15810

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

ITY OF BA'MORE: (No. University Hosp. ST., 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Silley

(a) RESIDENCE NO. Oella, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 4 mos. 12 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	infant.

If married, widowed, or divorced HUSBAND of or) WIFE of infant.

DATE OF BIRTH (month, day, and year) Feb. 15, 1926.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant. Md

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER John Silley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Edith Carey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant parents

(Address)

Filed 12 1926, 19 C. MAYFIELD JONES, M. D. Registrar

Per Rabb

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1926, to Nov. 12, 1926

that I last saw him alive on Nov. 12, 1926

and that death occurred, on the date stated above, at 4:45 A. m.

The CAUSE OF DEATH* was as follows:

Ileo-colitis,

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Perforation of intestinis Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Oella, Md.

Did an operation precede death? no. Date of

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy.

(Signed) Elizabeth Sherman, M. D.

, 19 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dr. Johns Cem.	Nov. 15 26
20 UNDERTAKER — Easton Sons	ADDRESS Ellicott City

LAKE DRIVE & LINDEN AVE.

Spec.—12-9-25—A Co.—200 Bks.

15811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15811

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Riviera Apts. 3 E. St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Rosenheim

(a) RESIDENCE NO. Riviera Apts. 3 St. E. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie R. Rosenheim

6 DATE OF BIRTH (month, day, and year) July 4, 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attorney at Law

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Getz Rosenheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Herald Rosenheim (Address) New York.

15 Filed 2 1926 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/13/1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2 1926, to Nov 12, 1926, that I last saw h.. alive on Nov 12, 1926, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Broncho. pneumonia (see other side)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) oedema of lung

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Frederic Leb- M. D.

Nov 19 26 (Address) Temple Gardens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Balto. Hebrew Cem.	11/14/1926.

20 UNDERTAKER Ward Sondheim ADDRESS 118-20 W. Mt. Royal Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15812

CERTIFICATE OF DEATH.

129 E 15812

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1916 E. 30th St. St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie L. Sedsmith

(a) RESIDENCE NO. 1916 E. 30th St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rev. Edgar A. Sedsmith

6 DATE OF BIRTH (month, day, and year): March 1-1874

7 AGE — Years: 52 | Months: 8 | Days: 10 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0-1

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER C. C. Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabelle Hill

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Rev. E. A. Sedsmith

(Address) 1916 E. 30th St.

15 Filed 1926 16 C. THOMPSON JONES, M. D. Registrar

Per Reed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11- 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st 1926, to Nov 11th 1926, that I last saw h[illegible] alive on Nov 11th 1926, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. 7 mos. ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Robert J. Kirk, M. D.

11/12 1926. (Address) 3126 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. Date of Burial Nov. 15 19 26

20 UNDERTAKER: Horace M. Burge ADDRESS 3419 Reisterstown Road

...—1-12-23—M&T—500 Bks.

7347 — HEALTH DEPARTMENT—CITY OF BALTIMORE — 100-001

E 15813 CERTIFICATE OF DEATH. E 15813

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST., 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (NO. ..... ST., ... WARD)

2-FULL NAME Frederick Words

(a) RESIDENCE NO. 2706 W. Chas - ST., 12 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. - mos. - ds. How long in U. S., if of foreign birth? 66 yrs. 1 mos. 23 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced) HUSBAND of (or) WIFE of Florence Words

DATE OF BIRTH (month, day, and year) Sept-20-1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	1	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant-Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber

(c) Name of employer Self

BIRTHPLACE (city or town) Pittsburgh
(State or country) Penna

PARENTS

10 NAME OF FATHER Thos. Words

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Caroline Whitehall

13 BIRTHPLACE OF MOTHER (city or town) Lewisburg
(State or country)

14 Informant Relative JOHNS HOPKINS HOSPITAL
(Address)

15 Filed NOV 13 1926 19 ..... Registrar C. [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1926, to Nov. 12, 1926, that I last saw h in alive on Nov. 12, 1926, and that death occurred, on the date stated above, at 1 25' 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 1½ yrs. mos. ds. (History)

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds. (History)

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Lindsay Miller M. D.

11/17/1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Nov 13/1926
20 UNDERTAKER Stewart & Mosser Co.	ADDRESS 108 W. Mt. Royal

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15814

CERTIFICATE OF DEATH.

75-001

E 15814

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6210 York Road ST., 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Ann Wilson Trogler

(a) RESIDENCE NO. 6210 York Road ST., 27 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? 83 yrs. 10 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

7 DATE OF BIRTH (month, day, and year) January-11-1843

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
83	10	0	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

10 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

11 NAME OF FATHER Geo. Lewis Trogler

12 BIRTHPLACE OF FATHER (city or town) (State or country) Wirtemberg Germany

13 MAIDEN NAME OF MOTHER Esther Boston

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Co. Maryland

14 Informant Miss Mary E Harrison (niece)

(Address) 1617 Ellaw Place - Balto

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/11/ 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Nov 11, 1926

that I last saw her alive on Nov 11, 1926

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Cystitis & Uremia

Contributory Hemiplegia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo C Abrahams M. D.

, 19 (Address) 5835 Greenspring Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Presbyterian Cem. Govans. DATE OF BURIAL Nov 13/26

20 UNDERTAKER Stewart & Co. ADDRESS 108 W Mt St.

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15815

CERTIFICATE OF DEATH.

91-802 E 15815

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST., 28-1 WARD)

2-FULL NAME Rev. James Aloysius Noone

(a) RESIDENCE NO. Mt Hope Retreat ST., 28 WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? 68 yrs. 11 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 16 1857

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	68	11	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Priest

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Phila Pa.

PARENTS

10 NAME OF FATHER: James P Noone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Sweeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mt Hope Retreat. (Address): Mt Hope Retreat.

15 Filed VT 3 1926 Registrar: E. P. S. Jones, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Nov 12, 1926, that I last saw him alive on Nov 11, 1926, and that death occurred, on the date stated above, at 10-30 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis and Senility

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Chronic Melancholia

(duration) 27 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & clinical

(Signed) E. B. Emerson, M. D.

11 12 1926 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Pleasant Cemetery	Nov 13 1926
20 UNDERTAKER	ADDRESS
Stewart & Mowell Company	1081 W Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

15816

HEALTH DEPARTMENT—CITY OF BALTIMORE

38 E 15816

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 E. Modeson ST. 10-V WARD)

2-FULL NAME Alexander Williams

(a) RESIDENCE No. 1436 E. Modeson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Nov. 22, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): Eastern Supply Co.

(c) Name of employer: Company — Chase Md.

PARENTS

9 BIRTHPLACE (city or town) (State or country): Chase Md.

10 NAME OF FATHER: Charles Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sarah Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chase Md.

14 Informant (Address): Virginia Morton 1436 E. Modeson St

15 1926 C. HAMPSON JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1926, to Nov 12, 1926, that I last saw h~~ive~~ on Nov 11, 1926 and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.
(duration) ..... yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) Lues?
(duration) ? yrs. ? mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical - Microscopic

(Signed) Wm. N. Wright, M. D.

Nov 12, 1926 Address 1709 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chase Md. DATE OF BURIAL: Nov. 14 1926

20 UNDERTAKER: Chas. N. Johnson ADDRESS: 416 N. Caroline St.

Cor.—1-12-23—M&T—100 Bks.

15817

HEALTH DEPARTMENT—CITY OF BALTIMORE

1903

188 E 15817

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 8-2 WARD)

2-FULL NAME Samuel A. Hardman M.D.

(a) RESIDENCE NO. 1811 N. Caroline ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruby Hornbeck Hardman

DATE OF BIRTH (month, day, and year) Apr 28/1887

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	7 6	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) 054
(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Virginia

10 NAME OF FATHER Samuel M Hardman

11 BIRTHPLACE OF FATHER (city or town) (State or country) W.Va

12 MAIDEN NAME OF MOTHER Alice Probst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W.Va.

Informant Wife
(Address) 1811 N.Caroline St

Filed 3 1926 C. HAMPSON JONES, M. D. Registrar
Per RRJ

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11/26 92

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Fracture of skull at base
Automobile accident Nov 2/26 at
Harford & Federal Sts.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)
(duration) ....yrs. ....mos. ....ds.

(Signed) John Cole, M. D.
(Coroner)

Nov 12/26 92 (Address) 508 E.N,rth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL Nov 13 1926

20 UNDERTAKER Harry A. Witzke ADDRESS 1534 W. Lombard

Spec.—1-10-21—M&T—1500 Blks.

E 15818

HEALTH DEPARTMENT—CITY OF BALTIMORE

15818

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3904 Maine Ave ST. 15-1 WARD)

2-FULL NAME Elizabeth R. Cole

(a) RESIDENCE NO. 3904 Maine Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stephen L Cole

6 DATE OF BIRTH (month, day, and year): Aug 4-1853

7 AGE — Years: 73 — Months: 3 — Days: 7 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): Balto Co.

PARENTS

10 NAME OF FATHER: Thomas Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Co

12 MAIDEN NAME OF MOTHER: Catherine Tipton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co.

14 Informant: Mrs. Seibold
(Address) 3904 Maine Ave

15 Filed ..... 19 ..... Per ..... Registrar

C. RAMSON JONES, M. D.

NOV 13 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 11th 1926

17 I HEREBY CERTIFY, That I attended deceased from June 6 . 1926 . to Nov 11th . 1926.

that I last saw her alive on Nov 10th . 1926.

and that death occurred, on the date stated above, at 7 30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis and Heart nephritis

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

Nov 13 1926 (Address) 846 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Belair Md — DATE OF BURIAL: Nov 14 1926

20 UNDERTAKER: A.S. Marshall — ADDRESS: 3539 Fallsway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15819

CERTIFICATE OF DEATH.

18 E 15819

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Pier No. 9 Locust Point. St. 24-3 Ward)

2-FULL NAME William Boyer or William LaFrance.

(a) RESIDENCE NO. S/S Eleanor Christensen. St._____ Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 33	---------			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messman.

(b) General nature of industry, business, or establishment in which employed (or employer) S/S Eleanor Christensen.

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Do not know.

14 Informant Capt. Harrold Harrer.

(Address) S/S Eleanor Christensen.

Filed 1926 19__ Per C. THOMPSON JONES, M. D. Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Missing Oct. 19, 1926 Found Nov. 1, 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probable accidental fall from pier.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) Otto M. Leonhardt M. D.
(Coroner)

11/10 19 26 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY. Date of Burial 19 26

20 UNDERTAKER ADDRESS

Commissioner of Health NOV 19 1926

Cor.—1-12-23—M&T—100 Bks.

See letter on file from Dr. Bladen dated 12-3-26

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15820

CERTIFICATE OF DEATH.

18 2E 15820

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jones Falls + Fawn St. 3-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Unknown (Howard J. Cole))

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	N K

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

—

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

087

BIRTHPLACE (city or town) —
(State or country)

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

Informant
(Address)

Filed 3 1926, 192 Per C. THOMPSON JONES, M. D. Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc

Drowning —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) As Phyxia

(duration) yrs. mos. ds.

(Signed) J. C. Thomas (Coroner.) M. D.

Nov 26, 192 (Address) 1756 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Drowned and buried in

Former or usual residence Westminster, 11/18/26.

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL NOV 1926

20 UNDERTAKER Commissioner Health.

ADDRESS H. Bankard & Sons, Westminster Md

c.—1-12-23—M&T—500 Blks.

E 15821 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15821

CERTIFICATE OF DEATH.

161-80

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 225 S Broadway ST. 7-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter J. Kosciolski

(a) RESIDENCE NO. 225 S Broadway ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 12 1926

AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Peter J Kosciolski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Alice Cooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant ..... (Address) Mrs Peter J Kosciolski 225 S Broadway

15 Filed ..... 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/12, 1926, to 11/12, 1926, that I last saw h~~im~~ alive on 11/12, 1926, and that death occurred, on the date stated above, at 10 5 P m

The CAUSE OF DEATH* was as follows:

Premature birth.

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) "Asthenia & heart failure

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? Sym & Symptoms

(Signed) Thos A Dunbar, M. D.

, 19 (Address) 1623 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Nov 13 1926
20 UNDERTAKER	ADDRESS
John McKelvey	1803 Bank St

c.—1-12-23—M&T—500 Bks.

15822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

22-238 E 15822

1-PLACE OF DEATH U. S. Marine Hospital #1.

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore Md ST. 22-238 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William B. Skinner

(a) RESIDENCE NO. 1 East Pratt St ST., Balt Md WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 16, 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	5	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Steamer

(c) Name of employer S/S B.S. Ford

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Robt E. Skinner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Self.

(Address)

FILED MAR 3 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1926, to Mar. 12, 1926, that I last saw him alive on Mar 12, 1926, and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver, atrophic

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Syphilis see Autopsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings & laboratory tests

(Signed) J. C. Travers, M. D.

, 19 (Address) U.S. Marine Hospital #1 Balt. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Queen Town Md

DATE OF BURIAL Mar 26 19

20 UNDERTAKER Josiah Lyster

ADDRESS 1600 W. Saratoga Ave

Spec.—1-10-21—M&T—1500 Blks.

E 15823

HEALTH DEPARTMENT—CITY OF BALTIMORE

15823

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland ST., 16-4 WARD) 86-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Hyman

(a) RESIDENCE NO. 2110 Rugg St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Hyman

6 DATE OF BIRTH (month, day, and year): Jan 27-1899

7 AGE: Years 27 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Buffalo N Y

PARENTS

10 NAME OF FATHER: Jacob Landau

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Gertrude Herzog

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Chas Hyman

(Address): 2110 Rugg St

15 NOV 3 1926

C. THAMPSON JONES, M. D.

Per RCS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 5th, 1926, to Nov 11, 1926,

that I last saw her alive on Nov 11, 1926,

and that death occurred, on the date stated above, at 10:45 P m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Chronic Otitis media (R)

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Home Residence

Did an operation precede death? Yes Date of 11/8/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory data

(Signed) Philip Hart is one M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Buffalo N Y

DATE OF BURIAL: 11/13/1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Baltimore St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15824

CERTIFICATE OF DEATH.

~~6~~ 15824

REGISTERED NO. 49

1-PLACE OF DEATH Mercy Hosp ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME Earnest E. Oakes

(a) RESIDENCE NO. 35 S Calhoun ST., 19 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~: married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary I Oakes

6 DATE OF BIRTH (month, day, and year): Sept 10 1878

7 AGE: Years 48; Months 2; Days 2; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: United Railways

(b) General nature of industry, business, or establishment in which employed (or employer): 078

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bangor Maine

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Mary I Oakes 35 S Calhoun St

Filed 1926 C. THOMPSON JONES, M. D., Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11 - 12 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1926, to Nov. 12, 1926, that I last saw him alive on Nov. 12, 1926, and that death occurred, on the date stated above, at 5-45 P. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Carc. prostate

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E V Vassmer, M. D.

, 19 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 11/15 1926

20 UNDERTAKER: Robert Brookes Son

ADDRESS: Calhoun Hoskins

ec.—6-9-19—H. P. Co.—1000 Bks.

E 15825 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15825

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

ITY OF BALTIMORE: (No. ST.: 14-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lillian Conaway.

(a) RESIDENCE. No. Woodbine, Md. ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	White	Married.

a If married, widowed, or divorced HUSBAND of (redacted) John Conaway

DATE OF BIRTH (month, day, and year) April 4-1898

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	7	9.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER Jacob Norwood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Effie Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md.

14 Informant John Conaway.
(Address) R.F.D. Woodbine, Md.

15 Filed NOV 14 1926, 19 C. CLIFFORD JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1926, to Nov 13th, 1926, that I last saw her alive on Nov. 13, 1926, and that death occurred, on the date stated above, at 3 45 A. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/11/26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. L. Ballinger M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Carroll Co. Md. Springfield Cemetery	Nov. 16-1926
20 UNDERTAKER C. M. Watts	ADDRESS Winfield, Md.

c.—1-12-25—M&T—500 Bks.

9706 2

E 15826 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15826

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

ITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Collens

(a) RESIDENCE NO. Preston, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. - 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland -

PARENTS

10 NAME OF FATHER George Chattack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland -

12 MAIDEN NAME OF MOTHER Susan Tomlerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland -

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 14 1926, 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Nov 12, 1926,

that I last saw h.e alive on Nov 12, 1926,

and that death occurred, on the date stated above, at 8 50 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Hypertension

Chr Myocarditis

Myocardial failure

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Coronary thrombosis

Immediate (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thomas W. Comvale, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Victory Memorial Park

DATE OF BURIAL Nov 14th 1926

20 UNDERTAKER ..... ADDRESS Denton Maryland.

Spec.—1-10-21—M&T—1500 Blks.

15827
E 15827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 133

E 15827
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE Maryland General Hospital ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Leander Gladhill

(a) RESIDENCE NO. Westminster Md ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Angie Gladhill

DATE OF BIRTH (month, day, and year) 3-28-1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	7	16 15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER James Gladhill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co., Md.

12 MAIDEN NAME OF MOTHER Caroline Toms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md.

14 Informant Leander Gladhill
(Address) Westminster Md.

Filed NOV 14 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13-26

17 I HEREBY CERTIFY, That I attended deceased from 10-5-26, 19 ..., to 11-13-26, 19 ...,

that I last saw him alive on 11-13-26, 19 ...,

and that death occurred, on the date stated above, at 8:05 P m.

The CAUSE OF DEATH* was as follows:

Cystitis, Pyelitis,
Hypostatic Pneumonia

Cystitis (duration) Seven yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia (duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes No Date of 10-8-26 (over)

Was there an autopsy? ..... What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Bridge — DATE OF BURIAL 11/16 1926

20 UNDERTAKER H. H. Bankard & Son — ADDRESS Westminster Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15828

CERTIFICATE OF DEATH.

74-001

74 E 15828 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3021 Huntington Ave 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Smith

Residence in Baltimore: No. 3021 Huntington Ave St.; yrs. 3 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

6-DATE OF BIRTH. July (Month) 8, (Day) 1842 (Year)

7-AGE. 84 yrs. 4 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Blacksmith
(b) General nature of Industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country). Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Bromley Smith

(Address) 3021 Huntington Ave

15- Filed NOV 14 1926 192.. THOMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov (Month) 12, (Day) 1926 (Year) 192..

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) Jno. Morrissey M. D. (Coroner.)

11/13 192.. (Address) 2632 Roland ave

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Cheriton Va

DATE OF BURIAL. Nov 15 1926

20-UNDERTAKER. Chenoweth & Son

ADDRESS 341 Chestnut St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15829

E 15829

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 838 W 36 St 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Sarah C Johnson

Residence in Baltimore: No. 838 W 36 St St.; yrs. Fifty mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. White

5-~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, (Write the word.) Married

6-DATE OF BIRTH. Jan 15 (Month) (Day) 1871 (Year)

7-AGE. 55 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). 037

9-BIRTHPLACE, (State or Country). Md

PARENTS:

10-NAME OF FATHER. Wm Benson

11-BIRTHPLACE OF FATHER, (State or Country). Md

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ernest Johnson

(Address) 3619 Chestnut Ave

15- Filed NOV 14 1926 192 C. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 12 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) John H Louisen M. D. (Coroner.)

11/13 1926 (Address) 3672 Boulevard

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Woodlawn — DATE OF BURIAL. Nov 15 1926

20-UNDERTAKER. Chenoweth & Son — ADDRESS 3617 Chestnut Ave

pec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15830 | CERTIFICATE OF DEATH. | E 15830

27-4 12

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 57 Mattfeldt ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Imhoff

(a) RESIDENCE NO. 57 Mattfeldt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Crambett

DATE OF BIRTH (month, day, and year) Sept. 21 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	22	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill hand 046

(b) General nature of industry, business, or establishment in which employed (or employer) Cotton clerk

(c) Name of employer Lonsdale Co.

8 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Imhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Imhoff Son (Address) 57 Mattfeldt

15 Filed 11 14 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1926, to Nov 12, 1926, that I last saw him alive on Nov 12, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

1 Hypertrophy of heart - Mitral Regurgitation Chronic Bright's

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) C. H. Baker M. D.

(Address) 1st Washington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Nov 15 1926

20 UNDERTAKER Ehrenworth & Son — ADDRESS 3617 Chestnut ave

Spec.—12-9-25—A Co.—200 Blks.

E 15831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 15831

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Geisinger

(a) RESIDENCE NO. Longwood Road, Roland Park St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 0

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER George Geisinger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Katie Minick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 11-16, 1926 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November 13, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 26, 19 26, to Nov. 13, 26, that I last saw her alive on Nov. 13, 26, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Chronic interstitial nephritis with edema

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gallemore, M. D.

11-13, 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md Date of Burial 11/16 1926

20 UNDERTAKER J. P. Rice ADDRESS 406 N. Market

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15832

E 15832

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... ST. 16-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ida Gillis.

(a) RESIDENCE NO. 1004- W Lanvale ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 12-1909

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	2	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Fred Gillis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virg.

12 MAIDEN NAME OF MOTHER Lula Crosfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virg.

14 Informant W. B. G. Hospital. (Address)

15 Filed DEC 4 1926 19.. [illegible] M. D. Registrar

By K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/11 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/9, 1926, to 11/11, 1926,

that I last saw her alive on 11/11, 1926,

and that death occurred, on the date stated above, at 5:00 p. m.

The CAUSE OF DEATH* was as follows:

Acute encephalitis

(duration) yrs. ..... mos 10 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Lab. Autopsy

(Signed) Arnold Spencer M. D.

11/9, 1926 (Address) West Baltimore and Linn.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Nov. 14 1926
20 UNDERTAKER, Virginia A. Brooks	ADDRESS 1403 N. Carey

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15833

CERTIFICATE OF DEATH.

90 E 15833

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2553 Madison ST. 13-b WARD)

2-FULL NAME Morris Wolf Muller

(a) RESIDENCE NO. 2553 Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Muller

DATE OF BIRTH (month, day, and year) Oct 15 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
58	59		29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Kier Russia

10 NAME OF FATHER Michael Muller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kier Russia

12 MAIDEN NAME OF MOTHER Leibzon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Dora Muller

(Address) 2553 Madison Ave

Filed NOV 14 1926, 19 C. MARPLES JONES, M. D. Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Nov 14, 1926,

that I last saw him alive on Nov 14, 1926

and that death occurred, on the date stated above, at 12 45 a m

The CAUSE OF DEATH* was as follows:

Myocarditis

Angina Pectoris

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

due to Four (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Joseph Sindler M. D.

11/17 1926 (Address) 2348 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 11/14 1926

20 UNDERTAKER Sol Kuinsers Bro & Ballon — ADDRESS 1127

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15834

CERTIFICATE OF DEATH.

13-1

57 E 15834

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2142 Woodbury av St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary N. McComas

(a) Residence No. 2142 Woodbury av St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-~~Single~~, Married, Widowed, ~~or Divorced~~, (Write the word.) Widowed

6-If married, widowed, ~~or divorced~~ ~~HUSBAND of (or)~~ WIFE of John C McComas

7-DATE OF BIRTH (month, day and year) May 30, 1854

8-AGE, 72 yrs. 5 mos. 13 ds. If LESS than 1 day, ... hrs. or ... min.*

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) Harford Co. (State or Country), Md

PARENTS.

10-NAME OF FATHER, Geo H. Hunter

11-BIRTHPLACE OF FATHER (city or town) Harford Co (State or Country), Md

12-MAIDEN NAME OF MOTHER, Mary Eliz Norris

13-BIRTHPLACE OF MOTHER (city or town) Harford Co (State or Country), Md

14-(Informant) Miss Holmes

(Address) 2142 Woodbury av

15-Filed NOV 14 1926 192 C. [illegible] JONES, M. D. Per ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 13 1926

17-I HEREBY CERTIFY, That I attended deceased from July 3, 1926, to Nov 13, 1926, that I last saw h[illegible] alive on Nov 13, 1926, and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 15 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) [illegible], M. D.

Nov 13, 1926 (Address) 850 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Church

DATE OF BURIAL, Nov 15 1926

20-UNDERTAKER, D S Marshall

ADDRESS 3539 Fallsroad

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

170

E 15835

REGISTERED NO. E 15835

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 15835
1-PLACE OF DEATH

City of BALTIMORE: (No. 1510 W. Balto St. 19-1 Ward)

2-FULL NAME Samuel Reichlyn

(a) RESIDENCE NO. 1510 W. Balto St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Reichlyn D.

6 DATE OF BIRTH (month, day, and year) Dec 15 1884

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	41	10	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) —
(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Russia

14 Informant Nettie Reichlyn
(Address) 1510 W. Balto. St.

15 Filed NOV 14 1926 L.M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained at the Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage
Suicide
(Duration) yrs. mos. ds.
Shot self through heart
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

Nov 13th 1926 (Signed) Thos. B. Horton M. D. (Coroner)
Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See back of certificate for additional instructions.) Bullet Wound

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? —

Former or usual residence —

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harkmen Circle Cem. Date of Burial 11/14 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E. Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15836

CERTIFICATE OF DEATH.

101-001 E 15836

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 516 N. Pine St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Morris Atkinson

(a) RESIDENCE NO. 516 N. Pine St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wh

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year): ? 1876

7 AGE — Years: 50 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER George Atkinson

11 BIRTHPLACE OF FATHER (city or town): ?

(State or country): Md.

12 MAIDEN NAME OF MOTHER Mamie Randy

13 BIRTHPLACE OF MOTHER (city or town): ?

(State or country): Md

14 Informant: Arnold Monroe

(Address): 1639 Fawcett St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-12 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-8-, 1926, to 11-12, 1926,

that I last saw him alive on 11-11, 1926,

and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Varicose ulcer

(duration) uncertain yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. J. Carlson, M. D.

11/14 1926 (Address) 1058 W. Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 11/15/1926

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

NOV 14 1926 C. J. CARLSON JONES II

RJC

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15837

CERTIFICATE OF DEATH.

38 E 15837

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No. ..... ST. 6-3 WARD)

2-FULL NAME Warren Riggs.

(a) RESIDENCE NO. 225 N. Curley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

...DATE OF BIRTH (month, day, and year) July 30 1926

...AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		3	23	

...OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER William Riggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md -

12 MAIDEN NAME OF MOTHER Carrie Lechan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1 4 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1926, to Nov 12, 1926, that I last saw him alive on Nov 12, 1926, and that death occurred, on the date stated above, at 7 15 a.m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis.

(Sudden Meningitis)

(duration) yrs. 4 mos ..... ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) ..... yrs. ..... mos. 1 wk

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Wassermann + X-Ray

(Signed) Thomas W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Nov 14 1926

DATE OF BURIAL

20 UNDERTAKER Franklin W. Seitz

ADDRESS 709 W. 33 St.

Spec.—1-10-21—M&T—1500 Bks.

E 15838 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 90 E 15838

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 314 N. Stricker ST. 19-1 WARD)

2-FULL NAME Judith Honablue

(a) RESIDENCE NO. 314 N. Stricker ST., WARD N.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Fred L Johns

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER L Johns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Mary Honablue

(Address) 314 N Stricker St

Filed NOV 14 1926 M. SIMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4 1926 to Nov. 12 1926.

that I last saw her alive on Nov. 11 1926

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease (Mitral Insufficiency)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North Carolina

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Jane Brown, M. D.

11/12 1926 (Address) 1837 Penna. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Creswell North Carolina

DATE OF BURIAL Nov 14 1926

20 UNDERTAKER Edward Bryan

ADDRESS 169 Orleans St

...r.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15839

CERTIFICATE OF DEATH.

181-001

E 15839

REGISTERED NO.....

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 302 S. Wolfe ST. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettie James

(a) RESIDENCE NO 302 S. Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
...ale	White	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Hugh James

ATE OF BIRTH (month, day, and year) ? ? 1890

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	?	?	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

IRTHPLACE (city or town) Norfolk Va.
(State or country)

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known
(State or country)

12 MAIDEN NAME OF MOTHER Nettie Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

Informant Roland James (Son)
(Address) 302 S. Wolfe St.

Filed NOV 14 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an In Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said In Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Gas Poisoning 1d

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner.) ..... M. D.

..... 192 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Nov. 15 1926

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 15840

REGISTERED NO. E 15840

1-PLACE OF DEATH

City of BALTIMORE: (No. 1107 S. Potomac St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Hasse

(a) RESIDENCE NO. 1107 S. Potomac St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Hasse

6 DATE OF BIRTH (month, day, and year) Jan. 24, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER John Batzall

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant (Mrs) Catherine Stockman (Daughter)

(Address) 1187 S. Potomac St.

15 Filed Nov. 17, 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 12, 1926, to Nov 12, 1926, that I last saw h. alive on Nov 11, 1926, and that death occurred, on the date stated above, at 3.50 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isabel V. Hatley, M. D.

Nov 13, 1926 (Address) 100 S. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: First Evangelical Cemetery — Date of Burial: Nov. 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1710 Fleet St.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15841

CERTIFICATE OF DEATH.

181-001 E 15841

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S Holly. ST. 2-1 WARD)

2-FULL NAME Hazel James

(a) RESIDENCE No 3021 S Holly ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) ? ? 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	?	?	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Hugh James

11 BIRTHPLACE OF FATHER (city or town) Norfolk
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Nettie Storey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

Informant Roland James (Son)
(Address) 302 S. Holly St.

Filed 1 14 1926, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: (

Acc Gas Poisoning Ill.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)

Nov 14 1926 (Address) 745 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Nov. 15 1926
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc.	1710 Fleet St.

or.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15842

CERTIFICATE OF DEATH.

181-001

E 15842

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 302 S Wolfe St. 1-1 WARD)

2-FULL NAME Violet James

(a) RESIDENCE NO 302 S. Wolfe ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, and year) ? ? 1921

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	?	?	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

IRTHPLACE (city or town) Norfolk Va.
(State or country)

0 NAME OF FATHER Hugh James

1 BIRTHPLACE OF FATHER (city or town) Norfolk
(State or country) Va.

2 MAIDEN NAME OF MOTHER Nettie Stony

3 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

Informant Roland James (Son)
(Address) 302 S. Wolfe St

Filed NOV 14 1926 C. HAMPTON JONES, M. D.
Per ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Gas Poisoning Ill.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pyuria

(duration) yrs. mos. ds.

(Signed) ..... M. D.
(Coroner)

, 192 (Address) 143 N 13th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Nov. 15 1926
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc.	1710 Eloat St.

c.—I-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15843

CERTIFICATE OF DEATH.

74-001

E 15843

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Lakeside Ave. ST., 9-2 WARD)

2-FULL NAME J. Luthumm Meade

(a) RESIDENCE No. 1704 Lakeside ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Linton Meade

DATE OF BIRTH (month, day, and year) Aug. 27. 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	3	16 19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker. (manager)

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer J. Luthumm Meade.

BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

PARENTS

10 NAME OF FATHER Dennis B. Meade

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co Md

12 MAIDEN NAME OF MOTHER Annie Luthumm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co Md

14 Informant Mrs Lillian Meade

(Address) 1704 Lakeside

15 Filed ..... 19 ..... Registrar

1 4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1926, to Nov. 11, 1926, that I last saw he alive on Nov. 10, 1926, and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 days Last

CONTRIBUTORY (Secondary) Hypertension (5 day Last

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) Thos F Stevens M. D.

10/11/26 (Address) 2818 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Pridge, Md.	Nov. 15. 1926
20 UNDERTAKER Chas. L. Stevens	ADDRESS 150 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

E 15844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

16-7

REGISTERED NO. E 15844

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Harlem ave ST., WARD)

2-FULL NAME Helena Magdaline Winchester

(a) RESIDENCE NO. 914 Harlem ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo A Winchester

6 DATE OF BIRTH (month, day, and year) May 3 1866

7 AGE Years 61 Months 6 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Frankloff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Helen Meyer Daughter
(Address)

15 Filed NOV 14 1926 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11 1926

17 I HEREBY CERTIFY, That I attended deceased from oct 26th 1926 to Nov 11th 1926.

that I last saw her alive on Nov 10th 1926

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj O'Meara, M. D.

11/11, 1926 (Address) 400 N Payson st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 11/15 1926

20 UNDERTAKER H. Browning & Son — ADDRESS 517 N. Schroeder st

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15845

CERTIFICATE OF DEATH.

100-001

21-V

REGISTERED NO. E 15845

1-PLACE OF DEATH

City of BALTIMORE: (No. 1144 Scott St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beverley Amanda Eliz. Kittle

(a) RESIDENCE NO. 1144 Scott St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 12, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Arthur A. Kittle

11 BIRTHPLACE OF FATHER (city or town): N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER: Amanda R. Tracy

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Arthur A. Kittle

(Address): 1144 Scott St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 2, 1926, to Nov 12, 1926,

that I last saw h.... alive on Nov 12, 19....,

and that death occurred, on the date stated above, at 4.30A m.

The CAUSE OF DEATH* was as follows:

Acute Broncho

(Primary) Pneumonia

(duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) J. R. Campbell M. D.

Nov 12, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — Date of Burial Nov 15 1926

20 UNDERTAKER: Mc Nus. J. W. Tuffendson — ADDRESS 801 W Fayette

Cor.—1-12-23—M&T—100 Bks.

Katherine. Wolinski

HEALTH DEPARTMENT—CITY OF BALTIMORE

15846

91-002 E 15846

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 322 S-Amd St. X-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Wolinski

(a) RESIDENCE No. 322 S-Amd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 25-1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	11	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Wawrzyn Puc.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rosalia Radecka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Mrs Clara Pelinski
(Address) 322 S Amd St

Filed NOV 14 1926 Per [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1926

17 I HEREBY ~~CERTIFY~~, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

Nov 12 1926 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus new	Nov 15 1926
20 UNDERTAKER	**ADDRESS**
John M Weber	1023 Bank St

Spec.—1-10-21—M&T—1500 Blks.

E 15847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 15847

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N Bethel ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Brown

(a) RESIDENCE NO. 611 N Bethel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Josephine Plant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John Sloanter (Address) 628 N Eden st

15 Filed NOV 14 1926 R K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/13 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/12, 1926, to 13, 1926, that I last saw h[illegible] alive on 11/11, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Tubercular Peritonitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Gray, M. D.

. 19 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	nov 16 1926
20 UNDERTAKER Edward Bryan	ADDRESS 1681 orleans st

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15848

CERTIFICATE OF DEATH.

90 E 15848

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Provident Hospital ST. 5-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Parker

(a) RESIDENCE NO. 207 Asquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Widowed

If married, widowed, or divorced
HUSBAND of
or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Worchester Co. Md.
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant Mrs Handy
(Address) 207 Asquith St

Filed 14 1926 K. K. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1926, to Nov 12, 1926, that I last saw h[illegible] alive on Nov 12, 1926, and that death occurred, on the date stated above, at 3:20 m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Path Ludwig Dpt.

(Signed) Edward Gosnell, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem.	11 15 1926
20 UNDERTAKER Byron Wright	ADDRESS 1218 McCulloh St

Spec.—1-10-21—M&T—1500 Bks.

15850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 15849

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Bradford St. 8-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Belle Gobery

(a) RESIDENCE NO. 1723 Bradford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug 16-1893

8 AGE: Years 33; Months 2; Days 28; If LESS than 1 day, ...hrs. or .... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Westminster Maryland

PARENTS

10 NAME OF FATHER Wm H. Paynter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co Md

12 MAIDEN NAME OF MOTHER Mollie S Unicifer

13 BIRTHPLACE OF MOTHER (city or town) Westminster (State or country) Maryland

14 Informant Chas. H Gobery

(Address) 1723 N Bradford St. Baltimore Md

15 Filed Nov 15 1926. 19 C. ARMISTEAD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1926, to Nov 13, 1926, that I last saw h[er] alive on Nov 13, 1926, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Richard H. Mayers M. D.

Nov 14 1926 (Address) 130 N Rat Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster — DATE OF BURIAL: 11/18 1926

20 UNDERTAKER: H Bankard & Son — ADDRESS: Westminster Md.

c.—1-12-23—MAT—500 Blks.

15849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15850

CERTIFICATE OF DEATH.

x 129

E 15850

REGISTERED NO.....

1-PLACE OF DEATH University Hospital

ITY OF BALTIMORE: (No. Baltimore Md ST. 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Clara Z Killman

(a) RESIDENCE NO. Fremont Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Mar. 1885

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41.		8		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Geo Barbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Edna Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Teresa Willeman

(Address) Baltimore Md

15 Filed ..... 19 ..... Registrar

C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1926, to Nov 13, 1926, that I last saw h[illegible] alive on Nov 13, 1926, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardiovascular disease
Chronic Interstatial Nephritis
with hypertension

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
Empyema
(duration) ... yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) E R Miller M. D.

11/13/26 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sturmont Md	Nov 17 1926
20 UNDERTAKER: Fred W Kruis	ADDRESS: Hagerstown

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 15851

E 15851

CERTIFICATE OF DEATH.

REGISTERED NO. 7025

1-PLACE OF DEATH Baltimore and Payson Sts.

City of BALTIMORE: (No. German Aged Home St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Lauf.

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadona Lauf

6 DATE OF BIRTH (month, day, and year): March 11 1841

7 AGE: Years 73 55 | Months 11 8 | Days 24 2 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of indnstry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Henrich Lauf

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant German Aged Home

(Address) Balto and Payson Sts.

15 Filed NOV 13 1926 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13" 19 26

17

I HEREBY CERTIFY, That I attended deceased from 11/11/26, 19 26, to 11/13/26, 19, that I last saw h[illegible] alive on 11/12/26, 19, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical symptoms

(Signed) John Hauff, M. D.

, 19 (Address) 1043 W Balto. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial Nov 15 19 26

20 UNDERTAKER: Joseph B Cook ADDRESS: 1003 W Balto St

...ec. 6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15852

CERTIFICATE OF DEATH.

E 15852

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 W Fayette St. 20-5 WARD)

REGISTERED No....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm H. Hadaway

(a) RESIDENCE. No. 1822 W Fayette ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Hadaway

6 DATE OF BIRTH (month, day, and year) June 19 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co. Md

PARENTS

10 NAME OF FATHER James Hadaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md

12 MAIDEN NAME OF MOTHER Louisa Meeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Martha Hadaway Ford

(Address) 1822 W. Fayette Street

15 Filed NOV 15 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Nov 13, 1926, that I last saw him alive on Nov 13, 1926, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Cannon M. D.

Nov. 19 27 (Address) 9045 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Nov 16 19

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Gilmor St

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15853

CERTIFICATE OF DEATH.

161-001 E 15853

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 6-1

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No.....ST.,.....WARD)

2-FULL NAME Baby Miller

(a) RESIDENCE NO. 219 Durham ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. — mos. 10 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 3, 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) .....
(State or country) Maryland

10 NAME OF FATHER Wellborn Miller

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elsie Wilson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Parents (Address) JOHNS HOPKINS HOSPITAL

15 Filed 5 1926 19 Per C. MARION JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1926 to Nov. 13, 1926, that I last saw h... alive on Nov. 13, 1926, and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary) Intestinal colitis, acute

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Exam

(Signed) Thomas W. Cotswell, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL asbury cemetery — DATE OF BURIAL nov 15 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

Spec.—12-9-25—A Co.—200 Bks.

E 15854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 15854

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 603 Calverton Rd St., 16-3 Ward)

2-FULL NAME Frances C Brubaker

(a) RESIDENCE NO. 603 Calverton Rd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Edward G. Brubaker

6 DATE OF BIRTH (month, day, and year): Sept. 16, 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Alabama.

PARENTS

10 NAME OF FATHER Unknown-Autrey

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ala.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Ala

14 Informant: Mr. Edw F. Brubaker

(Address) 603 Calverton Road

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 20th, 19 26, to Nov 13th, 19 26, that I last saw h.. alive on Nov 12th, 19 26, and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ___ yr. ___ mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial nephritis

(duration) — yr. — mos. — ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Cross, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial Nov. 15 19 26

20 UNDERTAKER: W. J. Fuchner Sons ADDRESS North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15855

CERTIFICATE OF DEATH.

44 E 15855

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 701 E. 22nd St. 9-4 (Ward)

2-FULL NAME Charles R. Streett

(a) RESIDENCE NO. 701 E. 22nd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct. 11, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer Harford Co.

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER John Thomas Street

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary M. Bay

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mr. Lewis T. Streett

(Address) 701 E. 22nd St.

15 Filed NOV 15 1926 19 C. HAMPSON JONES, M.D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 17 1924, to Nov 17 1926, that I last saw him alive on Nov 8 1926, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of Jan 7-1926

Was there an autopsy? No

What test confirmed diagnosis? Operation & Microscopic findings

(Signed) C. Hampson Jones M. D.

11/15, 1926 (Address) 1201 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial Nov. 1926

20 UNDERTAKER Wm. J. Heckrotte & Sons ADDRESS Norfolk Va

Spec.—12-9-25—A.C.—(5) Bks.

E 15856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44

E 15856

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2755 Winchester St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Carroll Wade

(a) RESIDENCE NO. 2755 Winchester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Wade

6 DATE OF BIRTH (month, day, and year) Oct. 29-1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	0	14/15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Locomotive

(c) Name of employer B & O

9 BIRTHPLACE (city or town) Balto. Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Geo. Wade

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Maria Stewart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. Mary E. Wade

(Address) 2755 Winchester St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1926, to Nov 12, 1926, that I last saw him alive on Nov 12, 1926, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible], M. D.

Nov 15, 1926. (Address) 1123 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial Nov 16 1926

20 UNDERTAKER Wm. Tucker & Sons ADDRESS North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15857

CERTIFICATE OF DEATH.

100-001

E 15857
REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1933 W. Lombard ST. 00-5 WARD)

2-FULL NAME James R Hardy

(a) RESIDENCE NO. 1933 W. Lombard ST., WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Ilona M. Hardy

6 DATE OF BIRTH (month, day, and year) Feb-20 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) 031
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER James R Hardy
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md
12 MAIDEN NAME OF MOTHER Catherine Brown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ilona M. Hardy
(Address) 1933 W Lombard St.

15 Filed 1 5 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11 1926 to Nov 12 1926
that I last saw h[illegible] alive on Nov 12 1926
and that death occurred, on the date stated above, at 12.30 a.m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Clinical Diagnosis
(Signed) E Heller Henning M. D.
11/13 1926 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov. 15 1926

20 UNDERTAKER George L. Stewart ADDRESS 410 Ludlow St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15858

CERTIFICATE OF DEATH.

46

E 15858

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 958 N. Chester ST., 7-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) (Lovell)

2-FULL NAME Mrs. Elizabeth Davis

(a) RESIDENCE No. 958 N. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: George I. Davis

6 DATE OF BIRTH (month, day, and year): June 9. 1871

7 AGE — Years: 55 — Months: 5 — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: James Esworthy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Winebriger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Geo. I. Davis

(Address) 958 N. Chester St.

15 Filed 1926, 19 RH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1926, to Nov 12, 1926, that I last saw her alive on Nov 12, 1926 and that death occurred, on the date stated above, at 2.40 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Cancer of uterus.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? none.

(Signed) A. M. Deming, M. D.

, 19 (Address) Catonsville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Frederick Md — DATE OF BURIAL: 11/16 1926

20 UNDERTAKER: Williams Co — ADDRESS: 502 E Fort Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15859

904

E 15859

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2056 Aiken St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Smitor

(a) RESIDENCE NO. 2056 Aiken St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Smitor

6 DATE OF BIRTH (month, day, and year): Feb 18 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer): Construction

(c) Name of employer: McMyler Const Co

9 BIRTHPLACE (city or town)

(State or country): Vermont

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Elizabeth Smitor

(Address): 2056 Aiken St

15 Filed....., 19.....

NOV 15 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Nov 12, 1926, that I last saw him alive on Nov 12, 1926, and that death occurred, on the date stated above, at 12:40 P. m.

The CAUSE OF DEATH* was as follows:

Mitral & Aortic Insufficiency

(duration) yrs. 2 mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R G Davis M. D.

, 19 (Address) 1509 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — Date of Burial: 11/15 1926

20 UNDERTAKER: William Cook — ADDRESS: 607 E Nod

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15860

CERTIFICATE OF DEATH.

E 15860
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1942 Linden Ave. St 23-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen M. Mueller

(a) RESIDENCE NO. 1942 Linden St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) July 4, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER William Mueller

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country)

12 MAIDEN NAME OF MOTHER Minnie Steward

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country)

14 Informant William Mueller

(Address) 1942 Linden St.

Filed NOV 15 1926 [illegible], M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1926, to Nov 14, 1926,

that I last saw h[illegible] alive on Nov 14, 1926,

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. Landsberg, M. D.

(Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Ave. Date of Burial Nov 5 1926

20 UNDERTAKER H. M. Cook ADDRESS 202 E. 8th

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15861

CERTIFICATE OF DEATH.

74-001

E 15861 REGISTERED NO.

1-PLACE OF DEATH West Balto Gen'l Hospital

CITY OF BALTIMORE: (No Rayner and Dukeland ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Bowers

(a) RESIDENCE No. 621 Rosedale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Christian M. Bowers

6 DATE OF BIRTH (month, day, and year) June 7-1876

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Summerfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Ashton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Christian M. Bowers

(Address) 621 Rosedale St

15 Filed NOV 15 1926 C. P. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/13 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/13/26 .19 . to 11/13 .19 26. that I last saw h.e alive on 11/13 .19 26. and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

. 19 (Address) W. B. 9.14.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral

DATE OF BURIAL Nov 17 1926

20 UNDERTAKER Wm Corse

ADDRESS 502 E North

c.—I-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15862

CERTIFICATE OF DEATH.

31 E 15862

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 515 N. Highland Ave ST. 26-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretta A. Hendricks

(a) RESIDENCE NO. 515 N. Highland Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb 9. 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	Years	9	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Apartment Store.

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: William Hendricks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Augusta Dragon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

Informant: Augusta Hendricks

(Address) 515 N. Highland Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1926, to Nov 14, 1926, that I last saw he alive on Nov 13, 1926, and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. 1 mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? T. B. in Sputum

(Signed) C. Leonard, M. D.

11/15/26 (Address) 3201 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakdale Cemetery	Nov 16 1926
20 UNDERTAKER	ADDRESS
Geo. F. Ruth	735 Harford Ave.

Filed NOV 15 1926 C. WILLIAMSON JONES, M. D. Registrar

Post —

For.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15863

CERTIFICATE OF DEATH.

E 15863

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Foot of Clinton St. 26-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Braunfell.

(a) RESIDENCE No. Liverpool England ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
bout 36 yrs				

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

RTHPLACE (city or town) Englewood
(State or country)

0 NAME OF FATHER Unknown

1 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

2 MAIDEN NAME OF MOTHER Unknown

3 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant British Consulate
(Address)

Filed 15 1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc Drowning

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) G C Yates, M. D.
(Coroner)
Nov 14 192 (Address) 143 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	11 15 1926
20 UNDERTAKER	ADDRESS
George Ruth	1735 Hanford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15864 10 E 15864

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 Patapsco St. West 25-4 St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia F. Zimmerman

(a) RESIDENCE No. 346 Patapsco St. Westport ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Jan 1, 1921

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
5	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Von Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Virginia

12 MAIDEN NAME OF MOTHER Ruth Worthington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant (Address): Mr. Von Zimmerman 346 Patapsco St. Westport

15 Filed NOV 15 1926 Ref. ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1926, to Nov 14, 1926, that I last saw her alive on Nov 14, 1926, and that death occurred, on the date stated above, at 2. 00P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) C. K. R. Cambron M. D.

Nov 14, 1926 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Nov. 15, 26

20 UNDERTAKER: Nelson E. Stiles — ADDRESS: 231 Md ave Westport

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15865

CERTIFICATE OF DEATH.

129 E 15865

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S.Dollas ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JULIANNA SUMUR,

(a) RESIDENCE NO. 505 S.Dollas ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 28 yrs. 0 mos. 0 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Sumur,

6 DATE OF BIRTH (month, day, and year): Unknown,

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife, 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland,

PARENTS

10 NAME OF FATHER: Peter Helindki,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland,

12 MAIDEN NAME OF MOTHER: Victoria Rudzynicy,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland,

14 Informant: Peter Sumur, (Husband)

(Address): 505 S.Dollas Street

15 Filed 11 15 1926 In [illegible] JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 27 - 1926. to Nov. 14 1926. that I last saw her alive on Nov. 13 1926, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

+ Paralysis (duration) yrs. 8 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Postive

(Signed) Dr L W Kennard M. D.

11-14 1926 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus. bem

DATE OF BURIAL: Nov. 17. 1926

20 UNDERTAKER: M J. Sadowski,

ADDRESS: 705 S. Arm St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15866

CERTIFICATE OF DEATH.

129 E 15866

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 441 S. Bentalou St. 20-th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Wagner

(a) RESIDENCE NO. 441 S Bentalou St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Wagner

6 DATE OF BIRTH (month, day, and year) April 12th 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	7	01	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER John Cress

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant John Wagner

(Address) 441 S Bentalou St.

15 Filed _____ 19___ C. THOMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 19 November 12/26

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to Nov 12, 1926, that I last saw h__ alive on Nov 12, 1926, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 0 yrs. ___ mos. ___ ds. ?

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) ___ yrs. ___ mos. 30 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A Wells Kenney, M. D.

11/13, 1926 (Address) 700 N

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Nov 15 1926

20 UNDERTAKER F.B. Kippert ADDRESS 1850 N Paca St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15867

CERTIFICATE OF DEATH.

75-001

REGISTERED NO. E 15867.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2603 Maryland Ave. Ward 17-3)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Joseph F. Maddux

(a) RESIDENCE NO. 2603 Maryland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Augusta A. Maddux

6 DATE OF BIRTH (month, day, and year): March 19th 1845

7 AGE	Years	Months	Days 24	IF LESS than 1 day.....hrs. or.....min.
	81	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): ———

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER: Joseph F. Maddux

11 BIRTHPLACE OF FATHER (city or town): Prince George County Md

(State or country)

12 MAIDEN NAME OF MOTHER: Lydia Woodward

13 BIRTHPLACE OF MOTHER (city or town): Prince George County Md

(State or country)

14 Informant: Kate Lankford

(Address) 2603 Maryland Ave

C. [illegible] JONES, M. D.

15 Filed 19 Per Registrar

NOV 15 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 13th 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/14, 1926 to 11/12, 1926, that I last saw h.. alive on 11/12, 1926, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows: Uremia

(duration) 0 yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 4 yrs. 0 mns. 10 ds.

18 Where was disease contracted Don't know

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. A. Thomas, M. D.

, 19 (Address) 700 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial Nov 16 1926

20 UNDERTAKER: F. O. Kippert ADDRESS 1855 N Bond St

Spec.—1-10-21—M&T—1500 Bks.

E 15868

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

E 15868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Vincents Infant ~~Hospital~~ Asylum, WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Catherine Thaser.

(a) RESIDENCE NO. 1401 Division ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) July 8, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Mary Fraser.

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Va.

14 Informant Sister Madeline (Address) St Vincents Inf. Asylum.

15 Filed NOV 15 1926, 19 E. LAMPRON JONES, Registrar. Per R.E.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sept 15, 19 26, to Nov. 14, 19 26, that I last saw her alive on Nov. 14, 19 26, and that death occurred, on the date stated above, at 9P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical of Marasmus

(Signed) Walter C Bacon M. D.

11/15/26 (Address) 100 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 15 1926
20 UNDERTAKER	ADDRESS
Martin Fahey & Sons,	1827 W. North Ave

Spec.—1-10-21—M&T—1500 Bks.

E15869 HEALTH DEPARTMENT—CITY OF BALTIMORE E15869.

100-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No Raynor and Dukeland ST. 28-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Abramowitz

(a) RESIDENCE NO. 4169 Dalrymple ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Abramowitz

6 DATE OF BIRTH (month, day, and year): April 10-1883

7 AGE — Years: 43 Months: 7 Days: 5 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Mohel & Rer (Rabbi)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jacob L. Abramowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rose Goodson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Minnie Abramowitz
(Address) 4169 Dalrymple Ave

15 Filed 1 5 1926, 19.. Registrar
By C. PAUL JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/14/26, 19.. to 11/15, 1926.
that I last saw him alive on 11/15, 1926,
and that death occurred, on the date stated above, at 9:10 a. m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.
, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehreen Roseedal — DATE OF BURIAL 11/16 1926

20 UNDERTAKER: Jack Levis 1409 E Balt X — ADDRESS

...c—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15870
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

E 15870
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 2720 Overland ave ST., 9-2 WARD)

2-FULL NAME Hermine Jolles

(a) RESIDENCE No. 2720 Overland ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Jolles

DATE OF BIRTH (month, day, and year) Feb 8th 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	9	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Austria

10 NAME OF FATHER Samuel Correll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Debora Gelbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mathew Jolles
(Address) 2720 Overland ave

15 Filed 1 5 1926 19 C. HARPER JONES, M. D. Per R. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/4, 1926, to 11/13, 1926, that I last saw h[illegible] alive on 11/13, 1926 and that death occurred, on the date stated above, at 9 30 m

The CAUSE OF DEATH* was as follows:

Aortic Incompetency
(Infection)
Angina Pectoris
(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle W. Gelbs M. D.

11/13, 1926 (Address) 5012 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem	11/15 19 26
20 UNDERTAKER Jack Lewis	ADDRESS 1439 E Balto St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 15871

CERTIFICATE OF DEATH.

E 15871

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1208 N. Bond St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas B. Bell

(a) RESIDENCE NO. 1208 N. Bond St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7 – 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Henry J Bell

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Mary E Askew

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Mary E Askew

(Address) 1208 N Bond st

15 Filed Nov 15 1926 C. ANDERSON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 30 –, 1926, to Nov. 12 –, 1926, that I last saw him alive on Nov. 12 –, 1926, and that death occurred, on the date stated above, at 12 05 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) – yrs. – mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

11/12/1926 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery Date of Burial Nov 15 1926

20 UNDERTAKER D. Robt J Turner ADDRESS 1962 N Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15872

CERTIFICATE OF DEATH.

129

E 15872

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO._____

City of BALTIMORE: (No. _____ St. 36-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Heinkam

(a) RESIDENCE NO. 3420 Mt Pleasant Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	?

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) ?

14 Informant City Hospital Records

(Address)

15 Filed _____, 19____

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 13 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 12, 1926, that I last saw her alive on November 12, 1926, and that death occurred, on the date stated above, at 5:30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis

Myocardial Insufficiency

(duration) ?yrs. _____mos. _____ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) _____yrs. _____mos. 6 ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Taylor Smith, M. D.

Nov 14 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Dall Town Cemetery	Nov 16 1926
20 UNDERTAKER	**ADDRESS**
Robt G Turner Sons	1442 N Broadway

BALTIMORE CITY HOSPITALS

ee.—1-12-23—M&T—500 Blks.

19826 E 15873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 49 E 15873

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Philip Blum

(a) RESIDENCE NO. 443 Harris St - ST., ... WARD Harrisburg Pa -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	-	-	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Peter Blum

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)

12 MAIDEN NAME OF MOTHER Mary Blum

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

14 Informant ... JOHNS HOPKINS HOSPITAL
(Address)

15 Filed ... 19 ... Registrar

11 5 1926 RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1926, to Nov - 14, 1926, that I last saw him alive on Nov - 14, 1926, and that death occurred, on the date stated above, at 7 - P. m.

The CAUSE OF DEATH* was as follows:

Uremia & Terminal Pneumonia
Contributing Carcinoma of the Bladder. (duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At his home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy Microscopic Exam

(Signed) Robert Gerneray, M. D.

11/15, 1926 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa.

DATE OF BURIAL 11/15 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15874

CERTIFICATE OF DEATH.

31

E 15874

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 221 S Wolf St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Lewandowski

(a) RESIDENCE NO. 221 S. Wolf St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. __ mos. __ ds. How long in U. S., if of foreign birth? 27 yrs. __ mos. __ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boxmaker

(b) General nature of industry, business, or establishment in which employed (or employer) Navy Yd

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Nov 12 1926

(State or country)

PARENTS

10 NAME OF FATHER Thomas Lewandowski

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Poland

12 MAIDEN NAME OF MOTHER Frances Ogonek

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Poland

14 Informant Frances Lewandowski

(Address) 221 S Wolf

Filed NOV 15 1926 R. K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 3 yrs. __ mos. __ ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) 1 yrs. __ mos. __ ds.

(Signed) James M. Benton M. D.

(Coroner)

(Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death __ yrs. __ mos. __ ds. In the State __ yrs. __ mos. __ ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial 11/15 1926

20 UNDERTAKER F. W. Ozarowski ADDRESS 1730 Eastern ave

Spec.—1-10-21—M&T—1500 Bks.

15875

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 15875

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 8-2 WARD)

2-FULL NAME Baby Landskuhler

(a) RESIDENCE NO. 1733 N. Montford Ave. ST. City WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Infant

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12th 1926

7 AGE — Years | Months | Days | If LESS than 1 day, hrs or 10 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City St Agnes Hosp

PARENTS

10 NAME OF FATHER Fred. Landskuhler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER Agatha Buechke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant: Fred. Landskuhler.
(Address) 1733 N. Montfort Ave.

15 Filed NOV 15 1926 [illegible] City. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Nov 12, 1926,
that I last saw alive on Nov 12, 1926,
and that death occurred, on the date stated above, at 6.40 p.m.
The CAUSE OF DEATH* was as follows:
Infants - Premature Separation of placenta.
and asphyxia.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? ..... Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....
(Signed) Firmature R. Nicholas, M. D.
, 19 (Address) 404 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents Cem — DATE OF BURIAL: Nov 15th 1926

20 UNDERTAKER: Leo G. Crook — ADDRESS 1723 Pratt St

Spec.—1-10-21—M&T—1500 Bks.

E 15876 HEALTH DEPARTMENT—CITY OF BALTIMORE

114

CERTIFICATE OF DEATH.

E 15876

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 724 Kinsche Ct ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Pearsow

(a) RESIDENCE NO. 724 Kinsche Ct ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) approx 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
approx	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Stephen Pearsow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mansary McClain (entered) (Address) 722 Dudley St

15 FEB 15 1926 C. HAMILTON JONES, M. D. Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 6 1926, to Nov 11 1926, that I last saw him alive on Nov 10 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro-Enteritis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Hypo-Static Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. C. Young, M. D.

. 19 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL 11/15/26

20 UNDERTAKER Mrs R. A. Abbott — ADDRESS 725 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15877

E 15877

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. On way to Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dentz

(a) RESIDENCE NO. Glyndon Md St. Ward Was Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Laura V Dentz

6 DATE OF BIRTH (month, day, and year) April 14 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Jacob Dentz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Amanda Bare

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Carroll Co Md

14 Informant Laura V Dentz

(Address) Glyndon Md

C. THOMPSON JONES, M. D.

FILED NOV 15 1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Vertebra Caused by Burden fell from ladder accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. J. Kay M. D.

(Coroner)

Nov 15, 1926 (Address) 1059 Berg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial Nov 16 1926

20 UNDERTAKER J. F. Eberts & Son ADDRESS Reisterstown Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15878 X 123 E 15878

1-PLACE OF DEATH Church Home & Infirmary. 6-1

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No._____ St. 6-1 Ward)

2-FULL NAME Mrs Bessie Boots

(a) RESIDENCE NO. Perrymans Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Earl Boots

6 DATE OF BIRTH (month, day, and year) ~~November 14th 1886~~ Nov. 15. 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
40	years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas J. Brannan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Schultz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Earl Boots

(Address) Perryman Md.

15 Filed, Dec. 1, 1926 J. J. Corbett Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15th 1926. 19

17

I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1926, to Nov 15th, 1926,

that I last saw her alive on Nov 15th, 1926,

and that death occurred, on the date stated above, at 7.00 A.m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) Cholecystitis & Cholelithiasis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Nov 14th 1926

Was there an autopsy? No. Removal of gall stones

What test confirmed diagnosis? Operation.

(Signed) J. F. Farnsworth, M. D.

, 19 (Address) Church Home & Infirmary. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Gravia Cemetery, Aberdeen	Nov. 18 1926
20 UNDERTAKER	ADDRESS
Henry Fanning Sons	Aberdeen Md.

Dec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15879

CERTIFICATE OF DEATH.

90

E 15879

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 E. Federal St. 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Volk

(a) RESIDENCE NO. 1712 Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Volk

DATE OF BIRTH (month, day, and year) August 10 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	70	3	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Ruppel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Hoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Conrad D. Ruppel

(Address) 2264 E. Lanvale St.

15 Filed NOV 15 1926 THOMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov 13, 1926,

that I last saw her alive on Nov 10, 1926

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W. Anderson, M. D.

, 19 (Address) 1714 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL Nov 15 1926

UNDERTAKER Wendell Appleton — ADDRESS 3715 Penn

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15880

CERTIFICATE OF DEATH.

E 15880
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercer Hosp St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren Crockett

(a) RESIDENCE NO. (Usual place of abode) 220 N Appleton St Ward

Length of residence in city or town where death occurred 8 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 33 Months 38 Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Wilbur Williams

9 BIRTHPLACE (city or town): Va
(State or country)

PARENTS

10 NAME OF FATHER: David Crockett

11 BIRTHPLACE OF FATHER (city or town): Va.
(State or country)

12 MAIDEN NAME OF MOTHER: M. Parker

13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Va

14 Informant: Ed Crockett
(Address) 45-25 N. Highland Ave

Filed NOV 15 1926

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pleurisy
Pulmonary Tuberculosis
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

Nov 11 (Signed) M. D.
(Coroner)
Nov 12 26 (Address) 1659 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial: Nov 15 1926

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 N Schroeder St

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15881

CERTIFICATE OF DEATH.

E 15881
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 746 N. Fulton Ave ST. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Yewell.

(a) RESIDENCE NO. 746 N. Fulton Ave ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Anne Yewell

6 DATE OF BIRTH (month, day, and year): Aug. 17th. 1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Paper Boxes

(c) Name of employer: C.J. Youse

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas C. Yewell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary E. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. H.D. Lavery
(Address) 746 N. Fulton Ave.

15 Filed 1926 C. [illegible] JONES, M. D. Registrar
Per RJK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14. 1926

17 I HEREBY CERTIFY, That I attended deceased from July 11- 1922 to Nov. 14- 1926
that I last saw him alive on Nov. 12- 1926
and that death occurred, on the date stated above, at 12:45 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis,
Anaemia. Senile Dementia

(duration) 4 yrs. 4 mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis
(History) (duration) 30 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? —

(Signed) J. Howard Mason, M. D.

. 19 (Address) 715 S. Maryland Ave

*State (1) Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Nov. 16th 1926

20 UNDERTAKER: Chas. E. Francis — ADDRESS: 807 Madison Ave

Spec.—1-10-21—M&T—1500 Blks.

E 15882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15882

CERTIFICATE OF DEATH.

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1005 Union Ave ST. 15 WARD)

2-FULL NAME Joseph Emerson

(a) RESIDENCE NO. 1005 Union St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Mul

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) January 26 1868

7 AGE: Years 58 | Months 8 | Days 20 | If LESS than 1 day, ...hrs. or .....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Paper Stock

(b) General nature of industry, business, or establishment in which employed (or employer): 057

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Emerson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sophie Linton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs Minnie Geyer

(Address) 1005 Union ave

15 Filed NOV 15 1928 C. THOMPSON JONES, H. D. Registrar

Per RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1928

17 I HEREBY CERTIFY, That I attended deceased from 11-10-, 1928, to 11-13, 1928

that I last saw h— alive on 11-13-, 1928,

and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs mos 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen L Davis, M. D.

, 19 (Address) 1727 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — DATE OF BURIAL: Nov 16 1928

UNDERTAKER: John J Fields — ADDRESS: 1200 W Lombard

Spec.—12 9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15883

CERTIFICATE OF DEATH.

31

E 15883

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Vacek

(a) RESIDENCE NO. 4915 Ross Road (Hamilton) St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Vacek

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hucksters

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER Paul Vacek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

5 1926 C. THOMPSON JONES, M. D.

Per RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November 14, 1926.

17

I HEREBY CERTIFY, That I attended deceased from July 17, 19 26, to November 14, 19 26, that I last saw h.. alive on November 14, 19 26, and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Active Pulmonary Tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) / yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of_____

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) M. E. Patterson, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Cem	Nov 17 19 26
20 UNDERTAKER	**ADDRESS**
Fred Evans Son	1400 Gilsand

Cor.—1-12-23—M&T—100 Bks.

E 15884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15884

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Madison Ave ST., 15-13 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie E. Bruce

(a) RESIDENCE No. 1624 N. North ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of W. W. Bruce

DATE OF BIRTH (month, day, and year) Nov. 8. 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	—	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER Leander Burgess

11 BIRTHPLACE OF FATHER (city or town) Howard Co.

(State or country) Md

12 MAIDEN NAME OF MOTHER Adelaide Baker

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

Informant Elsie B. Maulsby

(Address) 3803 Liberty Heights Ave

Filed 15 1926 192 C. HAMPSON JONES, M. D. Registrar

Per R.P.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Contributory Myocarditis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. ds.

(Signed) Wm. F. C. Blades, M. D.

(Coroner) 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Nov.	16 192 6
20 UNDERTAKER	ADDRESS
John O. Stutchell	1201 W. Fayette St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15885

CERTIFICATE OF DEATH.

90 E 15885

REGISTERED NO. 5

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Smith

(a) RESIDENCE NO. Church Home & Infirmary St. Ward Broadway.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1841

7 AGE — Years: 85 — Months: 6 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town):
(State or country) Penna.

PARENTS

10 NAME OF FATHER Wm. Smith

11 BIRTHPLACE OF FATHER (city or town):
(State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. E. Noble

13 BIRTHPLACE OF MOTHER (city or town):
(State or country) Penna

14 Informant: Fred W. McComas
(Address) 624 Park Ave

5 1926 [illegible] 19

Registrar RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November 14, 1926

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to November 14, 1926

that I last saw h.. alive on November 14, 1926

and that death occurred, on the date stated above, at 11:10 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis; Chronic Myocarditis

about 15 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon X. Norwood, M. D.

Nov 14 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hagerstown, Md — Date of Burial: Nov. 16, 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 1201 W. Fayette St.

Spec.—1-10-21 M&T 1500 Blks.

E 15886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15886

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 So. Stricker ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin Brady

(a) RESIDENCE NO. 112 So. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Brady

6 DATE OF BIRTH (month, day, and year) Aug. 14-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	2	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Conrad Brady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Brumsteller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sophia B. Foster

(Address) Bel Air, Md

15 Filed ..., 19... Registrar

5 1926 RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to Nov. 13, 1926, that I last saw him alive on Nov 13, 1926, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Diabetic Mellitus

Left Hemiplegia

over (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) [illegible] M. D.

(Address) 1203 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Nov 16 1926

20 UNDERTAKER John O. Marshall ADDRESS 1201 W. Fayette St

@ 11 A.M.

Spec.—1-10-21—M&T—1500 Blks.

E 15887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15887

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 E. Chase Street ST. 10-2 WARD)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine M. Monahan

(a) RESIDENCE NO. 807 E. Chase ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 18, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	26	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Frank Monahan

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Annie E. Buckley

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mrs. Annie Monahan (Address) 807 E. Chase St

15 Filed 5 1926, 19 Per C. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1926, to Nov 12, 1926, that I last saw her alive on Nov 12, 1926, and that death occurred, on the date stated above, at 7 30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Influenza Bronchopneumonia (duration) yrs. 9 mos 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James McMenamin, M. D.

11/15/26 (Address) 7212 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Nov 16 1926
20 UNDERTAKER	ADDRESS
Rita Wiedefeld	914 Gramm Pl.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15888

E 15888

CERTIFICATE OF DEATH.

197

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Vivenzio

(a) RESIDENCE NO. 103 S. Eden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	30	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Italy
(State or country)

PARENTS

10 NAME OF FATHER Ferd. Vivenzio

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Verona

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Vincent Vivenzio
(Address) 103 S Eden St

Filed 5 1926 C. HAMPSON JONES, M. D.
Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest and autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Wound of abdomen - Homicidal

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Chas. L. Key M. D.
(Coroner)
Nov 17, 1926 (Address) 1639 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial Nov 16th 1926

20 UNDERTAKER Frank V. Pentore — ADDRESS 2515 E Baltimore St

Spec.—1-10-21—M&T—1500 Blks.

E 15889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15889

CERTIFICATE OF DEATH.

161-04

1-PLACE OF DEATH Colonial Hospital

CITY OF BALTIMORE: (No. ..... ST. 15-9 ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unnamed Babe Schultz

(a) RESIDENCE NO. 2841 W North Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14 1926

7 AGE	Years	Months	Days	If LESS than 1 day 13 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Walter Schultz

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Koppe

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

14 Informant Walter Schultz
(Address) 2841 W North Ave

15 Filed ..... 1926 Per C. RAMPSON JONES, M. D. 0791 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1926, to Nov 14, 1926,

that I last saw h[illegible]ive on Nov 14, 1926

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

Postmortem (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph F Stoyt M. D.

, 19 (Address) 26 E Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL NO[illegible] DATE OF BURIAL NS HOPKINS HOSPITAL NOV 15 1926

20 UNDERTAKER Commissioner Health. ADDRESS .....

Per. Wm. H. WOODALL

Spec.—1-12-23—M&T—500 Bks.

15890 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15890

CERTIFICATE OF DEATH. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 W. Baltimore ST. 20-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Harriss

(a) RESIDENCE NO. 2503 W. Baltimore ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1925

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph M. Harriss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Nellie Girvin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mr. Joseph M. Harriss
(Address) 2503 W. Baltimore St.

15 5 1926 C. 19 C. THAMPSON JONES, M. D. Registrar.
Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8th, 1926, to Nov. 14th, 1926, that I last saw her alive on Nov. 14th, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E Vanderhoven, M. D.

11/15/1926 (Address) 24 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 11.16.1926

20 UNDERTAKER Henry Brauning Sr — ADDRESS 517 N. Schroeder St

Cor.—1-12-23—M&T—100 Bks.

E 15891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15891

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST. 16-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Brand

(a) RESIDENCE NO. 1616- ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	b	M16.

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) —

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35—			

OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) .....

(State or country) —

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) —

(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country)

Informant C. RAWSON JONES, M. D.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 - 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Homicide

Gun shot wound left side

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Liver.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Rawson Jones, M. D.

(Coroner.)

Nov 7, 1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 11 10 1926

20 UNDERTAKER Per Wm. E. WOODALL

ADDRESS

Nov 5 1926

Filed 192

0793

Commissioner of Health.

THE MORGUE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15892

CERTIFICATE OF DEATH.

90 E 15892

1-PLACE OF DEATH

City of BALTIMORE: (No. 19 N. Dallas Street S 6-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cora Swain, col.,

(a) RESIDENCE NO. 19 N. Dallas Street St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
About	65 yeard			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) _____

(State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Unknown

14 Informant: N.E.Dist Police Dept

(Address): Ashland Ave.

15 Filed ....., 19 .....

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

Nov 3rd, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) I find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

probably cardiac failure

(found dead on the floor of her home)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Undertermined - no autopsy

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Paul, M. D.

(Coroner)

11.5.26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial: NOV 15 1926

20 UNDERTAKER: Commissioner Health. ADDRESS

1-5 1926 C. 0791 JOHNS HOPKINS

THE MORGUE

Cor.—1-12-23—M&T—100 Bka.

15893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15893

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at St. Joseph Hospital

CITY OF BALTIMORE: (No. ..... ST. 9-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown

Unknown

(a) RESIDENCE NO. ..... ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of xxxxxx

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 55 yrs			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) ..... Unknown
(State or country)

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant .....
(Address) N.E.Dist. Police Dept.

15 Filed 5 1926 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intra-thoracic Hemorrhage (ruptured heart & punctured lungs. Probably run over by automobile at 25th & Taylor Sts. (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D.
(Coroner.)

11/11/26. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] HOPKINS HOSPITAL

DATE OF BURIAL 15 1926

20 UNDERTAKER [illegible]

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15894

15894

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. ... St. ... Ward)

2-FULL NAME

(a) RESIDENCE NO. ... St. ... Ward ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word)

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
5-5			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

5 1926 ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day and year) Feb 19 1926

I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
(Coroner)

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial

JOHNS HOPKINS HOSPITAL | 1926

20 UNDERTAKER | ADDRESS

THE MORGUE.

Spec.—1-10-21—M&T—1500 Bks.

E 15895

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15895

CERTIFICATE OF DEATH.

118-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square ST., 11th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Augusta Dolan

(a) RESIDENCE NO. 336 S. Woodyear ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew P. Dolan

6 DATE OF BIRTH (month, day, and year) Dec 26. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	17.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa

PARENTS

10 NAME OF FATHER August Pflaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Matthew P Dolan

(Address) 336 S. Woodyear St

15 Filed 5 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1926, to Nov 13, 1926, that I last saw her alive on Nov. 13, 1926, and that death occurred, on the date stated above, at 5-45 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-12-26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Louis T. Faro, M. D.

11/13, 1926 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov 16 1926
20 UNDERTAKER	ADDRESS
Harry H. Watzke	1531 Hanlay

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15896

E 15896

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Franklin Square Hospital WARD) 2463

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Almira Schumann

(a) RESIDENCE No. 4136 Norfolk Ave St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Schumann

6 DATE OF BIRTH (month, day, and year) July 25 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick H. Wachmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Almira Fogue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles F. Schumann

(Address) 4136 Norfolk Ave

15 5 1926 C. RAMPSON JONES, M. D. Registrar

Per Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/21/26, 19 , to 11/14/26, 19 , that I last saw her alive on 10/14/26, 19 , and that death occurred, on the date stated above, at 9:05 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Bilateral

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pregnancy, 9

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Delivery Date of Full term

Was there an autopsy? Baby

What test confirmed diagnosis?

(Signed) E. W. Cooper M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Near Cathedral Cemetery	Nov 17 19 26
20 UNDERTAKER	**ADDRESS**
Harry H Pitzke	1531 W Lombard St

Spec.–7-17-26—A Co.—200 Bks.

E 15897.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 15897

REGISTERED NO. 57

1-PLACE OF DEATH

City of BALTIMORE: (No. 940 S. Third St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Baier

(a) RESIDENCE NO. 940 S. Third St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 10 mos. 18 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 26th 1892

7 AGE	Years	Months	Days
	33	10	18

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Paul Baier

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Amelia Bickert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant Paul Baier (Father)

(Address) 940 S. Third St

15 1926 C. THOMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 12 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11 19 26 to Nov. 12 19 26

that I last saw him alive on Nov. 12 19 26

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Coma & Acidosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1504 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Sacred Heart Cemetery Nov. 16 1926

20 UNDERTAKER — ADDRESS

Lilly & Zeiler 403 S. Wolfe St

Very Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Jacob Zapp)

E 15898 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15898

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2115 Eutaw Pl. St. Dorchester Hts Ward) 31

Registered No. 25-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zapp; Jacob

(a) Residence No. Dorchester Hts. St. Eutaw Pl. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) July 25th 1865

7-AGE. 61 yrs. 3 mos. 19 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Jacob Zapp

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germy

12-MAIDEN NAME OF MOTHER, Wilhelmina Boehm

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germ

11- (Informant) Mrs Elizabeth Whaley (Sister)

(Address) Smith ave. Dorchester Hts

15- Filed C. EMPSON JONES, M. D. Registrar.

NOV 5 1926 Per Reed

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 14th 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct. 26 to Nov. 14 1926

that I last saw him alive on Nov 10 1926

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Sputum

(Signed) [illegible] M. D.

11/15, 1926 (Address) Basic Med

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mount Olivet	Nov 16th 1926

20-UNDERTAKER. E. Schumacher & Son ADDRESS, 201 N. Howard St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15899

E 15899

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 E 35th St. ST. 9-1 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franz X. Gall

(a) RESIDENCE No. 615 E 35th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fredericka R. Gall

6 DATE OF BIRTH (month, day, and year) June 13th 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer 0&6

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Gall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fredericka R. Gall

(Address) 615 E. 35th St

15 Filed NOV 16 1926 C. CAMPION JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1926, to Nov 13, 1926, that I last saw h[illegible] alive on Nov 13, 1926 and that death occurred, on the date stated above, at 7— p. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Senility

(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John S. Fenby, M. D.

11/13, 1926 (Address) 3522 Guenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 16 1926
20 UNDERTAKER	ADDRESS
Eschelman & Son	Hanover

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15900

E 15900

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Rutter St. 14-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elbert Coursey

(a) RESIDENCE NO. 1402 Rutter ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Essie Coursey

6 DATE OF BIRTH (month, day, and year): 1894.

7 AGE: Years 32 | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): NC

PARENTS

10 NAME OF FATHER: Elbert Coursey

11 BIRTHPLACE OF FATHER (city or town) (State or country): NC

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant (Address): Essie Coursey 1402 Rutter St.

15 Filed 5 1926 G. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1926, to Nov 13, 1926, that I last saw him alive on Nov. 13, 1926, and that death occurred, on the date stated above, at 2.15 p m

The CAUSE OF DEATH* was as follows:

Peritonitis Post operative

about 2 mos

(duration) — yrs. mos — ds.

CONTRIBUTORY (Secondary): Intestinal Hemorrhage

(duration) — yrs — mos. ds.

18 Where was disease contracted if not at place of death? 6 hours

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pelteharn, M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Augusta Ga.	Nov 16 1926

20 UNDERTAKER: Daniel Easton ADDRESS 916 Same.

Cor.—1-12-23—M&T—100 Bks.

E 15901 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15901

148

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 6-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Tuggle

(a) RESIDENCE NO. 404 N. Ann St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Tuggle

6 DATE OF BIRTH (month, day, and year) Nov 30/1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltomore, Md

PARENTS

10 NAME OF FATHER Henry Trimbles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant J.K.Hoerner M.D.
(Address) Hopkins Hospital

15 Filed NOV 15 1926 C. HAMPSON JONES, M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: See other side

Terminal Uremia & Peritonitis

(Hysterectomy at Hospital Nov 4/26)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritic Toxemia Complicating Pregnancy

(duration) yrs. 2 1/2 mos. ds.

(Signed) John Weir, M. D.
(Coroner.)

11/15/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemtry	Nov 16 1926
20 UNDERTAKER	ADDRESS
Robt Williams 15-15 McElderry st	

CAUSE OF DEATH to plain terms, so that ... TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

S 15902

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 16-3 WARD)

REGISTERED NO. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Blanche Houck

(a) RESIDENCE No. 2309 W. Lafayette Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 14, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Edw. E. Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

12 MAIDEN NAME OF MOTHER Helen Gerber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Ed. E. Houck

(Address) 2309 W Lafayette

15 5 1926 C. SAMPSON JONES, M. D. 19 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1926, to Nov. 14, 1926, that I last saw h[illegible] alive on Nov 14, 1926, and that death occurred, on the date stated above, at 1145 P m.

The CAUSE OF DEATH* was as follows:

Pertussis ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tuck, M. D.

11/15, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov. 16 1926
20 UNDERTAKER Harry W. Ehlen	ADDRESS 1941 W. Nod. Ave

Spec.—12-9-25—A Co.—200 Bks.

15903

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15903

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary 93 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice V. Donaldson

(a) RESIDENCE NO. 2870 Harford Rd St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James C. Donaldson

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General natnre of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Rayville,

(State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER William Kidd

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Skippon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) District of Col.

14 Informant James A. Donaldson

(Address) 2870 Harford Rd

15 Date 5 1926 C. THOMPSON JONES, M. D.

Registrar

Per RSS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 3, 1926, to Nov 14, 1926, that I last saw her alive on Nov. 14, 1926 and that death occurred, on the date stated above, at 1140 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma, rectum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Hypertension

Myocarditis (chronic)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Nov. 9, 1926

Was there an autopsy? No.

What test confirmed diagnosis? Microscopical examination tissue

(Signed) Merrill S. Sellers, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem Date of Burial Nov 17 1926

20 UNDERTAKER E. LeRoy Stiffler ADDRESS 125 N. Mott Ave

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15904

CERTIFICATE OF DEATH.

E 15904

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 3-1 WARD)

REGISTERED NO. 74001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gus Francis

(a) RESIDENCE No. 1000 Salisbury ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Francis

DATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	50			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) unknown

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Dora Francis
(Address) 1616 Jefferson St.

Filed NOV 16 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. 1 ds.

(Signed) Nov 12/26 J. E. Fades, M. D.
(Coroner.)
192 (Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ...yrs., ...mos., ...ds. In the State ...yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Nov. 16 1926
UNDERTAKER Chas. H. Johnson	ADDRESS 446 N. Carolina St.

Spec.—1-12-23—M&T—500 Blks.

E 15905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 E 15905

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 803 Harver St. ST. 47-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel E. Johnson

(a) RESIDENCE No. 803 Harden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minerva Johnson.

6 DATE OF BIRTH (month, day, and year) Apr. 1887

7 AGE Years 39 Months 7 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lydia Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Lydia Johnson

(Address) 803 Harden St.

15 Filed NOV 16 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/10/ 1926, to 11/14/ 1926, that I last saw him alive on 11/14/ 1926, and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Double Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

Bronchitis (duration) about yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. Bowden M. D.

19 (Address) 908 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL Nov. 17 1926

20 UNDERTAKER Chas. H. Johnson ADDRESS 414 N. Caroline St.

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15906

CERTIFICATE OF DEATH.

E 15906

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST., WARD)

REGISTERED NO. 1173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida Widdelem

(a) RESIDENCE NO. 5005 Wilson ST., WARD

(Usual place of abode).

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14-1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Abraham Rozensky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Wevelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) West Baltimore General Hospital

15 Filed NOV 16 1926 CLIFFORD R. JONES, M. D. Registrar

Per R H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/14 1926, to 11/15 1926,

that I last saw her alive on 11/15 1926;

and that death occurred, on the date stated above, at 4:40 P m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/13/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Pathology

(Signed) Gwen L Jones M. D.

11/15 19 26 Address West Baltimore Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodmen Circle Cem

DATE OF BURIAL 11/16 19 26

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Lex St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15907

CERTIFICATE OF DEATH.

166 E 15907

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1631 N. Calvert St., 12-6 Ward)

2-FULL NAME [illegible]

(a) RESIDENCE NO. [illegible] St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): [illegible]

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70 about			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant [illegible]

(Address) [illegible]

15 Filed 19 Registrar

NOV 16 1926 C. THOMPSON JONES, M. D. THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest find that said deceased came to death

(Inquest, autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Carbolic acid

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. mos. ds.

(Signed) [illegible] (Coroner) M. D.

Nov 14 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death [illegible] yrs. [illegible] mos. [illegible] ds. In U. S. yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cem

Date of Burial: 11/16 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 15908

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 15908

REGISTERED NO._____

City of BALTIMORE: (No. 9 W. Glen Ave St. 27-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Baby of~~ Philip William Sinclair

(a) RESIDENCE NO. 9 W. Glen Ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 8 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 15-1926

7 AGE	Years	Months	Days	IF LESS than 1 day 8 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore.

(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter B. Sinclair

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Irene Segrist

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Walter B. Sinclair (Father)

(Address) 9 W. Glen Ave

Filed NOV 16 1926 C. PAWSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1926, to Nov 15th, 1926, that I last saw him alive on Nov 15th, 1926, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity, Birth
(6 month fetus)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) None

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy M. D.

11-15, 1926 (Address) 4218 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — Date of Burial Nov 16 1926

20 UNDERTAKER Wm. C. Black — ADDRESS 927 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 15009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15909

CERTIFICATE OF DEATH.

+84 E 15909.

REGISTERED NO.

1-PLACE OF DEATH Md. Gen. Hosp. 11-2

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ada Meekins

(a) RESIDENCE NO. 727 E. St Paul St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-6-1877

7 AGE: Years 49 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Lee White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Rias

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

14 Informant Mrs Ada Meekins

(Address) 727 E St Paul St.

15 Filed ... 19 ... Registered

1 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17-1926

17 I HEREBY CERTIFY, That I attended deceased from 1-4, 1926, to 11-17, 1926

that I last saw h[illegible] alive on 11-7, 1926

and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Brain Tumor.

(duration) ... yrs. ? mos. ... ds.

CONTRIBUTORY (Secondary) Increased intra-cranial pressure (duration) ... yrs. ? mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-12-26

Was there an autopsy?

What test confirmed diagnosis? X-ray, Clinical

(Signed) C. C. Humphreys, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov 17 1926

20 UNDERTAKER: John H. Denny — ADDRESS: 715 Light St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15910

CERTIFICATE OF DEATH.

E 15910

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 55 N. Catherine ST. 20-3 WARD)

2-FULL NAME Infant Barnes

(a) RESIDENCE NO. 55 N. Catherine ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14 1926

7 AGE — Years	Months	Days	If LESS than ~~1 day~~ hrs. or ~~min.~~
			/

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Thelma Donelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Carroll Fillians

(Address) 53 N. Catherine St

15 Filed NOV 16 1926 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1926, to ....., 19....

that I last saw h[illegible] alive on Nov 14 1926

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(6½ Months)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Asphyxiation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) James N Lazenberg, M. D.

11/15/26 (Address) 1779 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 16 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Lights

Spec.—1-12-23—M&T—500 Bks.

E 15911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-5-11-001

E 15911

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Monroe ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma K. Strong

(a) RESIDENCE NO. 711 N. Monroe ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Strong

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Towson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Sophie Webster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Joseph H. Ahl
(Address) 711 N. Monroe St.

15 NOV 16 1926, 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1926, to Nov 13, 1926,

that I last saw her alive on Nov 12, 1926,

and that death occurred, on the date stated above, at 6.40 a. m.

The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(duration) ✓ yrs. ✓ mos. 7 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) ✓ yrs. ✓ mos. 7 ds.

18 Where was disease contracted if not at place of death? N

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual methods.

(Signed) George C. Shannon, M. D.

11/15 1926 (Address) 700 Fidelity Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Nov 16 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Blks.

E 15912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-201 E 15912

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Burgundy ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Vonderheit

(a) RESIDENCE NO. 913 Burgundy ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Vonderheit

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Swindell Bros.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Vonderheit

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bender

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Emma Fischer

(Address) 913 Burgundy

15 Filed NOV 16 1926, 19 C. RAMPSCH JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1926, to Nov. 13, 1926,

that I last saw h— alive on Nov 13, 1926,

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. P. Eckenbrode M. D.

, 19 (Address) 1412 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Nov 17 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Cor.—12-9-25—A Co.—200 Bks.

E 15913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15913

CERTIFICATE OF DEATH.

188-003

1-PLACE OF DEATH

City of BALTIMORE: (No. Pronounced dead at the 93-2 South Baltimore General Hospital Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Koch.

(a) RESIDENCE NO. 1958 Hanover St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 50 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widow.

5a If ~~XXXXX~~, widowed, or ~~XXXXX~~d
~~XXXXXXXXX~~
(or) WIFE of John Koch.

6 DATE OF BIRTH (month, day, and year) February 23, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Christian Demme.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Oscar Koch. (son)

(Address) 1958 Hanover St.

C. THOMPSON JONES, M. D. Registrar

Filed ..... 19 Per

NOV 16 1926

very important. See instructions on back of

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 12, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull
struck and knocked down by automobile truck while crossing the street.

Accidental Death ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. Bell Leonhardt M. D.
(Coroner)

11/15 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Corl Ave near Olive St. Nov. 12, 1926.

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial Nov. 1926

20 UNDERTAKER Margaret A. Flynn ADDRESS 1422 Light St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15914

CERTIFICATE OF DEATH.

129 E 15914

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Coolsir, St. 24-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Selma Musch Johnson

(a) RESIDENCE NO. 1211 Coolsir St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred \ yrs. \ mos. \ ds. How long in U. S., if of foreign birth? \ yrs. \ mos. \ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Windfield Johnson

6 DATE OF BIRTH (month, day, and year) Sep. 5. 1899

7 AGE	Years	Months	Days	If LESS than 1 day .... hrs. or / min.
	27	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Fredricks Musch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr Joseph W. Johnson (Address) 1211 Coolsir St

15 [illegible] C. PAMPOON JONES, M. Registrar

NOV 16 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1926, to Nov 14, 1926

that I last saw h[illegible] alive on Nov 14, 1926

and that death occurred, on the date stated above, at 5-5-0 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Independent (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Thrombosis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) M. L. Campbell M. D.

Nov 16, 1926 (Address) 1644 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Nov. 17, 1926
20 UNDERTAKER	ADDRESS
Chas. L. Stevens	1501 Park Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15915

100-001

CERTIFICATE OF DEATH.

E 15915

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 North Eutaw ST. 11-1 WARD)

2-FULL NAME Rachel Perkins Smith

(a) RESIDENCE NO. 1117 North Eutaw ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph T. Smith, Jr.

6 DATE OF BIRTH (month, day, and year) May 2, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) ~~Ohio~~ Md

PARENTS

10 NAME OF FATHER James H. Perkins

11 BIRTHPLACE OF FATHER (city or town) Tootesville

(State or country) Penna

12 MAIDEN NAME OF MOTHER Jane E. Flack

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant Joseph T. Smith, Jr.

(Address) 6112 Wilbur Ave.

NOV 16 1926

Filed

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15th, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 13th, 1926, to Nov 15th, 1926,

that I last saw her alive on Nov 15th, 1926,

and that death occurred, on the date stated above, at 4.35 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia,

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Thomas B Futcher, M. D.

, 19 (Address) 1129 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Nov 17 1926
20 UNDERTAKER	ADDRESS
John B Spence	1325 N Caroline

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15916

90 E 15916

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 30 E. Montgomery St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Maggie Dunnock.

(a) RESIDENCE NO. 30 E. Montgomery St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
~~Female.~~	White.	Widow.

5a If ~~XXXXX~~ widowed, or ~~XXXXXX~~ (or) WIFE of Job Dunnock.

6 DATE OF BIRTH (month, day, and year) August 13, 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Dorchester Co, Md.

PARENTS

10 NAME OF FATHER Moses A. Shenton.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Joseph Dunnock. (son)

(Address) 30 E. Montgomery St.

15 Filed NOV 16 1926 C. Patton Jones, Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 13, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic diseasn of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M. Leinhardt M. D.

(Coroner)

11/15 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md-B&O R.R. Date of Burial Nov 16 1926

20 UNDERTAKER John F. Denny ADDRESS 715 Light St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15917

CERTIFICATE OF DEATH.

179 E 15917

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Cordie Bagwell

(a) RESIDENCE NO. 15-07 W Lanvale St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., If of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) unk.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer _____

9 BIRTHPLACE (city or town): Md

(State or country) _____

PARENTS

10 NAME OF FATHER Wm Bagwell

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country) _____

12 MAIDEN NAME OF MOTHER A. Island

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country) _____

14 Informant Wm Bagwell

(Address) 15-07 W. Lanvale

15 Filed Nov 16 1926 T. JOMPSON JONES, M. D.

Registrar

VJ 5 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns spread all over body accidentally received from clothes (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

Nov 15 (Signed) Clarence Reese, M. D. (Coroner)

, 19 26 (Address) 1639 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Residence

Former or usual residence Married

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion — Date of Burial 11-16 1926

20 UNDERTAKER Joseph A Lively — ADDRESS 402 N. Mount St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15918 E 15918

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 N Schroeder St. 181 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E T Brooks

(a) RESIDENCE. No. 314 N Schroeder ST., ... WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Brooks

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Adie Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mamie Carter

(Address) 314 N Schroeder.

15 Filed ..... 19 ..... CLAUDIUS H. JONES, M. D. Registrar

NOV 16 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 26 1926, to Nov 13 1926, that I last saw h alive on Nov 13 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

Nov 13/26 (Signed) J Norwood, M. D.

19 (Address) 909 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Nov 17 1926
20 UNDERTAKER	ADDRESS 322 N. Schroeder St
Mrs. Katie R. Williams	

Spec—12-23-21—E.B.R.S.—400 Bks.

E 15919

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 15919

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE. (No.) 1104 Argyle Ave. St., 17-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Evelyn Smith (Murray)

(a) Residence No. 1104 Argyle Ave St., ... Ward .....
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 31, 1904

7-AGE. 22 yrs. 7 mos. 13 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... at Home

(b) General nature of industry, business, or establishment in which employed (or employer)..... 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto. Md

PARENTS.

10-NAME OF FATHER, Chas. Murray

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Eastern Shore, Md

12-MAIDEN NAME OF MOTHER, Sadie Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

14- (Informant)..... Mother

(Address) 1104 Argyle Ave

15- Filed ..... 192 .....

C. THOMPSON JONES, M. D.
Registrar.

OCT 6 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 13/26

17- I HEREBY CERTIFY, That I attended deceased from Oct 15, 1924 to June 13, 1926, that I last saw her alive on June 13, 1926, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
Acute

under my care (Duration) yrs. mos. 80 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum test

(Signed) Hoff C Stewart M. D.

11/15, 1926 (Address) 704 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt. Zion Cemetery	Nov. 17, 1926
20-UNDERTAKER,	ADDRESS
Mrs Katie R. Williams	N. Schroeder St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 ✓

E 15920
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 15920
REGISTERED NO.

City of BALTIMORE: (No. 757 Washington Blvd St. 8-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada V. Carroll

(a) RESIDENCE NO. 1806 N. Chester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married, Widowed,~~ or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 18-1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
51		7	26.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: Edward F Carroll

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Mary E Randall

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Irene Kelly

(Address) Washington Blvd

15 Filed NOV 16 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1926, to Nov 14, 1926, that I last saw h.~~er~~. alive on Nov. 12, 1926, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ✓ yrs. 3 mos. ✓ ds.

CONTRIBUTORY (Secondary) Cancer - Uterus

(duration) ✓ yrs. 6 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of St Joseph's Hospital

Was there an autopsy? No

What test confirmed diagnosis? usual methods

(Signed) George C. Shannon, M. D.

11/16 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent Cemetery — Date of Burial: Nov 17 1926

20 UNDERTAKER: Robt J Turner Sr. — ADDRESS: 1443 N. Broadway

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15921

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 15921

1-PLACE OF DEATH

City of BALTIMORE: (No. 144 N Carey St., 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles L. Altvater

(a) RESIDENCE NO. 144 N Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Margaret

6 DATE OF BIRTH (month, day, and year) Sept 4 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Louis Altvater

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Altvater

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Anna M. Altvater

(Address) 144 N Carey

15 Filed ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4-26, 1926, to Nov. 14, 1926

that I last saw h..... alive on ....., 19.....,

and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) none

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick H Hamman, M. D.

Nov 14 26 (Address) 1710 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Baltimore Nov. 16 Nov 16 1926

20 UNDERTAKER — ADDRESS

Wm Cook 502 E. Fayette

very important. See instructions on back of certificates.

NOV 16 1926

Spec. 15922 Co.—200 Bks.

E 15922

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15922

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH South Balt. Gen. Hospital

City of BALTIMORE: (No. 1213 Lig Lt St. 12-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Teresa Swank

(a) RESIDENCE NO. 10 E. 26 St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
About 55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk

(State or country) Va

PARENTS

10 NAME OF FATHER Thaddeus D. Swank

11 BIRTHPLACE OF FATHER (city or town) Rome

(State or country) Ga.

12 MAIDEN NAME OF MOTHER Ellen A. Bartee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ga.

14 Informant Mr. T. D. Swank

(Address) 3506 Brantley Road

NOV 16 1926

Filed C. J. Jones M.D.

For L.H.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1926, to Nov 16, 1926, that I last saw h.. alive on Nov 15, 1926 and that death occurred, on the date stated above, at 10 28 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ch. Myocarditis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. S. Harding, M. D.

, 19 (Address) South Balt. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Norfolk, Va Nov 16 1926

20 UNDERTAKER — ADDRESS

Wm. J. Tucker, Jr. North Ave

very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15923 E 15923

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital 4-1 ST. WARD)

REGISTERED NO. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Carter

(a) RESIDENCE NO. 1 day ST., Cantonsville Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divoreed (write the word)
Male	Colored	Single

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12th 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O&O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snowdentown A A Co Md

PARENTS

10 NAME OF FATHER Richard Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) A A Co. Md

12 MAIDEN NAME OF MOTHER Nellie Ann Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Richard Carter (Address) A A Co Md

15 Filed 1 6 1926 Per ... G. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

(Signed) H. C. Wade, M. D. (Coroner)

1926 (Address) 143 Dolphin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Nov 16 1926

20 UNDERTAKER Samuel T. Hemsley ADDRESS 578 W Biddle

NOTE—It is very important that the instructions on back of certificate be carefully observed.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15924

CERTIFICATE OF DEATH.

44 E 15924

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. _____ St. 134 Ward)

2-FULL NAME Bernhard Koch

(a) RESIDENCE NO. 3345 Beech Ave. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of): Ida Koch

6 DATE OF BIRTH (month, day, and year): December 28 1862

7 AGE — Years: 63 — Months: 10 — Days: 18 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cotton Mills

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John S Koch

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant: Ida Koch

(Address) 3345 Beech St

NOV 16 1926 C. EMPSON JONES, Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1926, to Nov. 15, 1926

that I last saw him alive on Nov. 15, 1926

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Laryngo-Esophageal Fistula

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Nov 13-'26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D Motta M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL: Baltimore Cem. Date of Burial NOV 18 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS [illegible] EDMONDSON AVE.

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

15925

HEALTH DEPARTMENT—CITY OF BALTIMORE

15925

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2625 N. Calvert ST. 12-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Mary Rennebury

(a) RESIDENCE NO. 2625 N. Calvert ST. 12 WARD Resident.
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? 78 yrs. 7 mos. 7 ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Rennebury

6 DATE OF BIRTH (month, day, and year): April 7 1848

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Philip Brockman

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known Germany

12 MAIDEN NAME OF MOTHER: Bernadeen (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known Germany.

14 Informant: Mrs. Mary Rennebury (daughter) (Address) 2625 N. Calvert St. City

15 6 1926 C. RAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6 1926 to Nov. 14 1926.

that I last saw her alive on Nov. 14 1926

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Chronic arterio Hypertension (duration) unknown ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) C. K. Nugram M. D.

19 (Address) 739 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Nov 17 1926

20 UNDERTAKER: Stewart & Mooney — ADDRESS: 1040 Mosher

TION is very imperfect. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 15926 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15926

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 27-8 Ward)

REGISTERED NO. 100-991

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Hoffmann.

(a) RESIDENCE No. 421. Winston Ave. Grocer.
(Usual place of abode) St. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Tischinger

(Address) 421 Winston a

15 Filed 1 6 1926 C. HAMPSON JONES, M. D. Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1926, to Nov. 15, 1926, that I last saw him alive on Nov. 15, 1926, and that death occurred, on the date stated above, at 7:10 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy? none.

What test confirmed diagnosis? Clinical.

(Signed) A. L. McAnally, M. D.

(Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Presbyterian Cem

DATE OF BURIAL 11/17 1926

20 UNDERTAKER J. Fred McAnally

ADDRESS 1305 Fay

Spec.—1-12-23—M&T—500 Blks.

E 15927. HEALTH DEPARTMENT—CITY OF BALTIMORE E 15927

CERTIFICATE OF DEATH. 11-801

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. Bentalou St., 263 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel F. Horner-

(a) RESIDENCE NO. 29 N. Bentalou ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of or) WIFE of Clara Horner

6 DATE OF BIRTH (month, day, and year) Dec 11th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman for

(b) General nature of industry, business, or establishment in which employed (or employer) City of Balto.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John E. Horner-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Sterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Mrs Samuel F. Horner 29 N. Bentalom St.

15 Filed NOV 18 1926, 19 C. HARRISON JONES, M. D. Registrar

Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 4th 1926 to Nov 15 1926.

that I last saw him alive on Nov 14 1926

and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Influenza + Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carl Junius, M. D.

11/15 1926 (Address) 4056 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 11/18 1926

20 UNDERTAKER Wilson Cook 502 E. Lanvale St.

ADDRESS

Spec.—1-10-21—MAT—1500 Blks.

(Montpelier 90)

E 15928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 15928

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1462 mont Pelier ST., 9-3 WARD)

2-FULL NAME Mrs Margaret A Ford

(a) RESIDENCE NO 1462 mont Pelier ST., ... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Solyce T. Ford

6 DATE OF BIRTH (month, day, and year): June - 1852

7 AGE: Years 74 | Months 5 | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant: Vincent Ford (son)
(Address) 1462 mont Pelier st

15 Filed 1 6 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 13 1926

17 I HEREBY CERTIFY, That I attended deceased from November 12, 1924, to November 13, 1926, that I last saw her alive on November 13, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart

(duration) One yrs. mos ds.

CONTRIBUTORY (Secondary): Valvular disease of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Evidence

(Signed) H. Young Westbrook M. D.

Nov 16 1926 (Address) 16 W Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL 11 | 19 | 26

20 UNDERTAKER: Wm Cook — ADDRESS 502 E Lanvale

TION IS very important. See instructions on

Spec—12-23-21—E.B.R.S.—400 Blks.

E 15929 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15929

CERTIFICATE OF DEATH.

8-3 74-001

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 2109 E Oliver St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Price

(a) Residence No. 2109 E Oliver St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of William S. Price

6-DATE OF BIRTH (month, day and year) Sept 6, 1884

7-AGE.	If LESS than 1 day.
42 yrs. 2 mos. 8 ds.	hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS.

10-NAME OF FATHER, Henry Evans

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Mary Disch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Balto Md

14- (Informant) William S Price

(Address) 2109 E Oliver St

15- Filed 192 Registrar.

1 6 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-14-26

17- I HEREBY CERTIFY, That I attended deceased from 11-14 1926 to 11-14 1926

that I last saw her alive on 11-14 1926

and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Glomerula Nephritis

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Apoplexy

(Duration) yrs. mos. 2 hrs.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) D. Paul Miller, M. D.

, 19 (Address) 1000 W Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Baltimore Cem	Nov 17, 1926
20-UNDERTAKER.	ADDRESS
Wm Cook	522 E Monument

Spec.—1-12-23—M&T—500 Blks.

E 15930 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15930

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 Guilford Ave 12-3 WARD) 101-04

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin L Trook

(a) RESIDENCE No. 2516 Guilford Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married (Trook)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (Trook) Trook

6 DATE OF BIRTH (month, day, and year) Dec 12-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	31	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Union Station

(c) Name of employer P R R Co

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Frank Trook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Margaret A Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Trook Pa

14 Informant Mary Trook

(Address) 2516 Guilford Ave

Filed NOV 16 1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1926, to Nov 15, 1926, that I last saw him alive on Nov 15, 1926 and that death occurred, on the date stated above, at 1 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Circulatory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin & Phy.

(Signed) Fred T. Kyper, M. D.

, 19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Landisville Pa — DATE OF BURIAL Nov 18 1926

20 UNDERTAKER William Koch — ADDRESS E North Ave

Corrections in red ink made by me 11/20/26

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15931

CERTIFICATE OF DEATH.

E 15931

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 641 N. Franklin St. 17-3 Ward)

2-FULL NAME Laura Sirman

(a) RESIDENCE NO. 641 N. Franklin St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15th 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Louder Sirman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Delaware

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Dorchester Co Md.

14 Informant Mrs H. C. Wheatley

(Address) 641 N. Franklin St

16 1926 C. HAMPSON JONES, M. D.

Per RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1926, to Nov 15th, 1926

that I last saw h.. alive on Nov 14th, 1926

and that death occurred, on the date stated above, at 10.45 Am m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted —

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D H G Jones, M. D.

11/16 1926 (Address) 720 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Hurlock Dorchester Co Md 11/17 1926

20 UNDERTAKER ADDRESS

Margaret E. Flynn 1422 Light St.

B L & R R.

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 15932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15932

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1923 W Fayette ST. (WARD) 20-5

2-FULL NAME George A Weber

(a) RESIDENCE NO. 1923 W Fayette ST. WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A Weber

6 DATE OF BIRTH (month, day and year): March 5 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Philip Weber
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Barbara Lampe
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary A Weber
(Address): 1923 W Fayette

15 Filed 11/16, 1926 C. ALLISON JONES, M. D. Registrar

6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Nov 15, 1926,
that I last saw him alive on Nov 14, 1926,
and that death occurred, on the date stated above, at 1.20 p m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Larynx

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) MacNeill M. D.
11/16, 1926 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem
DATE OF BURIAL: 11/19/26

20 UNDERTAKER: Geo A Zeiler Sons
ADDRESS: Fulton & Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

E 15933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15933

CERTIFICATE OF DEATH.

20-4 90

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 207 Fremont St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret K. Warfield

(a) Residence No. 207 Fremont St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy D. Warfield

6-DATE OF BIRTH (month, day and year) 7/6/1899

7-AGE. 27 yrs. 4 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. James Leary

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Mary Starke

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

11- (Informant) L. D. Warfield

(Address) 207 Fremont

15- Filed NOV 16 1926 C. HAMPSON JONES, M. D. Registrar. By Asst

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11/14/26

17- I HEREBY CERTIFY, That I attended deceased from Oct 25, 1926, to Nov 14, 1926

that I last saw h~~e~~ alive on Nov 14, 1926

and that death occurred, on the date stated above, at ....o'c

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 1 yrs. mos. ds

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Ethel T. Hubert M. D.

11/15/, 1926 (Address) Maryland & Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem. DATE OF BURIAL. 11/17/26, 19....

20-UNDERTAKER. J. A. Tobey Funeral ADDRESS 318 Eutaw

Spec.—1-12-23—M&T—500 Blks.

E 15934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15934

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union memorial Hospital

CITY OF BALTIMORE: (No. 33d & Calvert St. 17-1 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Harper L. Waller.

(a) RESIDENCE NO. Keller, Virginia ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs H. L. Waller.

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1893.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Life Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ballard Waller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lana Brittingham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Robert Brooks (Address) Calhoun Holland

15 6 1926 C. EMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1926, to Nov. 16, 1926, that I last saw him alive on Nov. 16, 1926, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 days (from history)

CONTRIBUTORY (Secondary) Myocardial Insufficiency.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Hannah, M. D.

, 19 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Salisbury Md.	Nov 18 1926
20 UNDERTAKER	ADDRESS
Robert Brooks Elson	Calhoun Holland

Spec.—12-9-25—A Co.—200 Bks.

E 15935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15935

CERTIFICATE OF DEATH.

X123

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., Ward)

2-FULL NAME Mrs. Rose Adams Mc Lean

(a) RESIDENCE NO. Gastonia, N.C. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Robert L. McLean

6 DATE OF BIRTH (month, day, and year) May-1-1876

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	50	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) York Co. S. Carolina

(State or country)

PARENTS

10 NAME OF FATHER W. Meek Adams

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Nancy Adams

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) S. Carolina

14 Informant Mrs. W. Thompson

(Address) Gastonia N.C.

15 C. THOMPSON JONES, M. D.

NOV 16 1926 Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1926, to Nov 16, 1926, that I last saw h.. alive on Nov 16, 1926, and that death occurred, on the date stated above, at 10 30 A.m.

The CAUSE OF DEATH* was as follows: Post-Operative Hemorrhage over

(duration) — yrs. 3 mos. ____ ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted Gastonia N. C.

If not at place of death? _____

Did an operation precede death? Yes Date of 3 mo. before death

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Vernon H. Norwood, M. D.

Nov 16, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gastonia N. C. Date of Burial Nov. 16 1926

20 UNDERTAKER Hughes & Jones Inc ADDRESS 411 W. Broadway

OF DEATH in plain ... very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 15936 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15936

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 W Barre ST. 27-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J. Vaughan

(a) RESIDENCE NO. 519 W Barre ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Vaughan

6 DATE OF BIRTH (month, day, and year) — 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hod Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) 035

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Petersburg Virginia

PARENTS

10 NAME OF FATHER Albert Vaughan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Alice E Mason (Address) 519 W Barre

15 Filed 1926 C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/29, 1926, to 11/15, 1926, that I last saw him alive on 11/14, 1926, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy -

(duration) — yrs. — mos 16 ds.

CONTRIBUTORY (Secondary) Hypertension - Chr Int Nephritis (duration) yrs. unknown

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Ht pr-250- Urinalysis

(Signed) Dan'l Hamilton, M. D.

11/15 1926 Address 122 N Lee St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Petersburg Va	11/17 1926

20 UNDERTAKER Samuel D Kemsley ADDRESS 528 N Eutaw St.

THIS IS VERY IMPORTANT

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15937

CERTIFICATE OF DEATH.

43 E 15937

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2759 Raynes Ave St., 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Wever

(a) RESIDENCE NO. 2759 Raynes Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Carrie V. Wever

6 DATE OF BIRTH (month, day, and year) Dec 17th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	67	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer) in Market.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harman Wever

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Finkle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm J. J. Wever

(Address) 2759 Raynes Ave

15 Filed NOV 17 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1926, to Nov 14, 1926, that I last saw h~~im~~ alive on Nov 14, 1926, and that death occurred, on the date stated above, at 1.30 ~~a~~ p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma right tonsil involving right side of face and neck

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Radium treatments at Kelly Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Pathological

(Signed) H H Lentz, M. D.

Nov 15 1926 (Address) 1123 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Md	Nov 17 1926
20 UNDERTAKER	ADDRESS
Henry J. Jenkins & Son	Orchard & N. Carroll St

NOV 17 1926 C. HERBERT JONES, M. D.

TION IS very important. See instructions

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15938

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 15938

1-PLACE OF DEATH

City of BALTIMORE: (No. 405 N Bradford St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matelda Bizza

(a) RESIDENCE NO. 405 N. Bradford St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bizza

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant

(Address) 405 N Bradford St

15 Filed ..... 19 ..... Registrar

OCT 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 19 26

17

I HEREBY CERTIFY, That I attended deceased from Oct 10 19 26 to Oct 15 19 26

that I last saw h... alive on Oct 14 19 26

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

1 Mitral Regurgitation

Rheumatic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick Smith M. D.

19 26 (Address) 700 N Charles St

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — Date of Burial Oct 17 19 26

20 UNDERTAKER Frank E Evans & Son — ADDRESS 1966 Gwynn

OF DEATH in plain terms, as much as may be of certificates. very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

E 15939

CERTIFICATE OF DEATH.

E 15939

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1928 E Eager St., 2-2 Ward)

2-FULL NAME William James Burns

(a) RESIDENCE NO. 1928 E Eager St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Burns

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Poland

PARENTS

10 NAME OF FATHER Joe Burns

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Petrzyck

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Poland

14 Informant Mary Burns

(Address) 1928 E Eager

15 Filed NOV 17 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 - 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 19 26 to Nov 15, 19 26

that I last saw him alive on Nov 15, 19 26 and that death occurred, on the date stated above, at 8.25 P.M.

The CAUSE OF DEATH* was as follows: Cirrhosis of Liver (Hammond)

Mitral Regurgitation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pul Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) [illegible] M. D.

19 26 (Address) 1000 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Nov 18 1926

20 UNDERTAKER Fred Crockson ADDRESS 1906 Orleans

OF DEATH in plain terms, so that a very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15940

CERTIFICATE OF DEATH.

90 E 15940

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 E. 25th St. 12-3 WARD)

2-FULL NAME Dr. Richard Lee Gill

(a) RESIDENCE NO. 223 E. 25th St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Fehsenfeld

6 DATE OF BIRTH (month, day, and year) Jany 17 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or min.
	55	9	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dentist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas M. Gill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Heinecken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Matilda Gill
(Address) 223 E. 25th St

15 Filed NOV 17 1926 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Jno. J. Morrissey, M. D.
(Coroner.)

11/16, 1926 (Address) 3 E 32 Read

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..yrs., ..mos., ..ds. In the State ..yrs., ..mos., ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem — DATE OF BURIAL: Nov 17 1926

20 UNDERTAKER: John O. Mitchell — ADDRESS: 701 W Fayette

NOV 17 1926 ... Registrar

TION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Blks.

E 15941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15941

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH 37 Eutaw St.

CITY OF BALTIMORE: (No. 1037 Eutaw Pl. St., 11-1 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Payne

(a) RESIDENCE NO 1037 Eutaw St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (City or town) Annapolis Md
(State or country)

PARENTS

10 NAME OF FATHER Alfred Johnson

11 BIRTHPLACE OF FATHER (City or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Eliz Johnson

13 BIRTHPLACE OF MOTHER (City or town) Md
(State or country)

14 Informant Mr Walter 304 Mt Auburn St
(Address)

15 Filed NOV 7 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) ..... M. D.

(Address) .....

Nov 1 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11/17 1926

20 UNDERTAKER Samuel J Hensley ADDRESS 728 W Baltimore

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15942

CERTIFICATE OF DEATH.

E 15942

25-4 101-001

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. Morgan st Mt Louisans St.. WARD)

2-FULL NAME Joseph Riley Jr.

(a) RESIDENCE No. Morgan st Mt Louisans ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Riley

6 DATE OF BIRTH (month, day, and year) March 14-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	8	09	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer) Brickyard.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Riley Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sallie Bullett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Peggy Riley

(Address) Mt Louisans

Filed NOV 17 1926 19 C. ATKINSON JONES, M. D.

Per R.F. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Nov 13, 1926, that I last saw him alive on Nov 12, 1926, and that death occurred, on the date stated above, at 9:15 p. m.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTOR (Secondary) Lobar pneumonia

(duration) no yrs. 1.00 mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Raymond O Adams, M. D.

Nov 16. 1926 (Address) Lakeland.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11/17 1926
20 UNDERTAKER Samuel Wenick	ADDRESS Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec —1-12-23—M&T—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

32 E 15943

15943

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St. 23-1 WARD)

2-FULL NAME Roy Lee Towns.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 1138 N Hamburg ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md (State or country)

PARENTS

10 NAME OF FATHER Alvin Towns

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C

12 MAIDEN NAME OF MOTHER Maggie Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) NC

14 Informant Maggie Towns (Address) 1138 N Hamburg

15 Filed 19 Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Nov 16, 1926, that I last saw h[illegible] alive on Nov. 16, 1926, and that death occurred, on the date stated above, at 4^00 P m.

The CAUSE OF DEATH* was as follows:

Tuberculor Meningitis

(duration) 1 yrs. Unknown mos ds.

CONTRIBUTORY (Secondary) Acarbutus

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John W. Gaines, M. D.

19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Calvary Cem	Nov 17 1926
20 UNDERTAKER John H. Soader	ADDRESS 1027 Hanover

Spec.—I-10-21—M&T—1500 Bks.

E 15944 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15944

CERTIFICATE OF DEATH. 74001

1-PLACE OF DEATH 824 Bond St Baltimore, Md

CITY OF BALTIMORE: (No. ..... ST., 3-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maciej Kosmacienski

(a) RESIDENCE NO. 824 Bond St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Kosmacienski

6 DATE OF BIRTH (month, day, and year) Unknown 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. Do

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Kosmacienski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frank Kosmacienski (Address) 221 Lanvale St

15 Filed NOV 17 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17 I HEREBY CERTIFY, That I attended deceased from 12 November, 1926, to 13 November, 1926, that I last saw him alive on 13 November, 1926, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Paraplegia. Sinistra acuta.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) no

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no .....

What test confirmed diagnosis? .....

(Signed) Joseph Abramotti, M. D.

, 19 (Address) 601 S. Paca St. Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Nov 28, 1926

20 UNDERTAKER F. W. Ozazewski — ADDRESS 1905 Eastern

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15945

CERTIFICATE OF DEATH.

1-001

E 15945

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 Eutaw St., 27-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Levi Deal.

(a) RESIDENCE NO. 632 Eutaw ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 10 mos. 15 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Y

6 DATE OF BIRTH (month, day, and year) Jan 1 - 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Potts & Co.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jno E. Deal.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary E Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Charlotte Thompson

(Address) 634 Eutaw St.

15 Filed NOV 17 1926 C. THOMPSON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 29 1926, to Nov 15 1926.

that I last saw him alive on Nov 15 1926

and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F. E. Kelson, M. D.

Nov. 15 1926 (Address) North Ave & Division St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	NOV 18 1926
20 UNDERTAKER Chas H. Dennis and F. E. Kelson	ADDRESS 1303 Pennsylvania Ave.

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates.

TION is very important.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

88 ✓

E 15946

CERTIFICATE OF DEATH.

E 15946

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1333 Shields St. 17-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Cora V. Hall.

(a) RESIDENCE NO. 1333 Shields St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 Color or Race: colored.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Charles Hall

6 DATE OF BIRTH (month, day, and year): Dec 9, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	11	5.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): Balto md

PARENTS

10 NAME OF FATHER: Mason Gaines.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto md,

12 MAIDEN NAME OF MOTHER: Caroline Jackson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. md

14 Informant: Charles Hall.

(Address): 1333 Shields st.

15 Filed NOV 17 1926 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): ~~Nov.~~ 14 — 26

17

I HEREBY CERTIFY, That I attended deceased from 11-11-26, 19..., to 11-14-26, 19...,

that I last saw h... Ev alive on ", 19...,

and that death occurred, on the date stated above, at 4 15 P. M.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Acute Nephritis, arteritis

(duration) Dont know mos. ... ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Signs

(Signed) Hildebrand, M. D.

(Address) 1624 N. Hilldale 1-14-26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cemetery	Nov 17 1926

20 UNDERTAKER	ADDRESS
Mrs James H Dennis Jr & Nelson	1303 Presstman St

OF DEATH in plain terms, so that it may be very important. See instructions on back of c... of certificates.

Spec.—1-10-21—M&T—1500 Bks.

15947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15947

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 930 W. Mulberry St. 38

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 18-1 WARD)

2-FULL NAME Baby Girl Elliott

(a) RESIDENCE NO. 930 W. Mulberry ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 4, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .min.
			12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Baby

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) 930 W. Mulberry
(State or country) Balto Md

PARENTS

10 NAME OF FATHER Everett Elliott

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Mitchell

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Everett Elliott
(Address) 930 W. Mulberry St

15 Filed ..... 19 ..... Registrar

C. PERRY JONES, M. D.

NOV 17 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-4, 1926, to 11-16, 1926.

that I last saw he alive on 11-15, 1926,

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Acute ileo Colitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Congenital Lues

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eva F. Dodge M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Nov 17 19 26

UNDERTAKER Lattie Gross ADDRESS 1705 McElderry

CAUSE OF DEATH in plain terms, so that it may be properly classified. FULL NAME is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15948

CERTIFICATE OF DEATH.

38 E 15948

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Bethesda ST. 32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Coleman

(a) RESIDENCE No. 110 S. Bethesda ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 17/1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	17	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: Lewis Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Rachel Denby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Matilda Magruder
(Address) 2017 Kenyon St

15 Filed OCT 7 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14/1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 14, 1926, to Nov 14, 1926, that I last saw h alive on Nov 13/, 1926, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

(a) Cardiac decompensation

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) R. L. Cowen, M. D.

, 19 (Address) 1514 E. Balto St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: J. Samuel Cemetary — DATE OF BURIAL: Nov. 17 1926

20 UNDERTAKER: Jos. T. H. Rochester — ADDRESS: 1413 Pennsylvania Ave

TION is very important. See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15949

CERTIFICATE OF DEATH.

129 E 15949

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 N. Milton Ave ST., 7-3 WARD)

2-FULL NAME Edgar H. Gerke

(a) RESIDENCE NO. 735 N. Milton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora B. Gerke

6 DATE OF BIRTH (month, day, and year) Aug 29-1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	47	2	16 17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steam Fitter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Henry G. Gerke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Nora Kehn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Nora B. Gerke
(Address) 735 N. Milton Ave

15 Filed , 192 C. PARKSON JONES M. D. Registrar
NOV 7 1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) yrs. mos. ds.

(Signed) J. H. Ballon (Coroner.) M. D.

11/16/26 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemet	11/18 1926
20 UNDERTAKER	ADDRESS
[illegible]	618 Edmon Ave

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 15950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15950

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 253 N. Monroe St. 20-5 Ward)

2-FULL NAME Oswald August Schonfelder

(a) RESIDENCE NO. 253 N. Monroe St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day and year) Aug 31st 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Henry Frost

(Address) 253 N. Monroe St.

15 Filed NOV 17 1926 19__ Registrar _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 14th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Inhaling Illuminating Gas

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) _____

Duration yrs. mos. ds.

(Signed) Jno. F. Fortune M. D. (Coroner)

Nov 15th 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore, Md. Date of Burial 11/17 1926

20 UNDERTAKER Philip Herring ADDRESS 2016 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15951

CERTIFICATE OF DEATH.

E 15951

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Sydenham Hospital ST., 9-1 WARD)

2-FULL NAME Julius Hildebrand

(a) RESIDENCE No Chestnut near Taylor Ave ST., WARD
(Usual place of abode) Parkville (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 10 mos. 21 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Anna A.Hildebrand

6 DATE OF BIRTH (month, day, and year) Dec. 22nd. 76

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	10	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Supt. Union
(b) General nature of industry, business, or establishment in which employed (or employer) Transfer Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. City.

PARENTS

10 NAME OF FATHER Henry Hildebrand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna A.Hildebrand
(Address) Chestnut near Taylor Ave.

15 NOV 17 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage-Thrown from his automobile when it collid -ed with culvert abuttment on Taylor Ave nr Cowpens Ave (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Accidental (duration) yrs. mos. ds.

(Signed) Jos. H. Fuller M. D.
(Coroner.)

11/15/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	11/17/26 192
20 UNDERTAKER Ontif Herring	ADDRESS 2016 Orleans St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 15952 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15952

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3511 Cedar Av ST. 13-4129 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Bollinger

(a) RESIDENCE NO. 3511 Cedar Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Leah Bollinger

6 DATE OF BIRTH (month, day, and year): Apr 6 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Jos. Bollinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Could not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Mrs. Geo Stitz

(Address) 3371 Cedar Av

Filed NOV 17 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16, 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1923, to Nov. 16, 1926,

that I last saw h~~im~~ alive on Nov 16, 1926,

and that death occurred, on the date stated above, at 8 30 P, m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cerebral apoplexy Chronic nephritis Syphilis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J. H. Marshall, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stitz Pa	Nov 19 1926
20 UNDERTAKER: J S Marshall	ADDRESS: 3539 Fall Rd

CAUSE OF DEATH to plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Par [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 15953 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15953

CERTIFICATE OF DEATH

REGISTERED NO. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3616 Dillon St. 26-6 WARD)

2-FULL NAME Lula Mohoran

(a) RESIDENCE NO. 3616 Dillon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Mohoran

6 DATE OF BIRTH (month, day, and year) Oct 22, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md

PARENTS

10 NAME OF FATHER Thomas Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Emily not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Md

14 Informant Alfred Mohoran

(Address) 3616 Dillon st

15 Filed NOV 7 1926, 19 Per R.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 / 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 6, 1926, to Nov 13 /, 1926.

that I last saw h alive on Nov 13, 1926,

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Richard L Eastlick M. D.

19 (Address) 574 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	11/17/26

20 UNDERTAKER Mrs. A. G. Elliott ADDRESS 1725 Eastland

CAUSE OF DEATH to be plainly stated, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15954 — 75-001 — E 15954

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Lexington ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Jones

(a) RESIDENCE NO. 1614 Lexington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Jones,

6 DATE OF BIRTH (month, day, and year) Mch 3, 1866?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Isaac Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa ? Nov 15, 1926

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Julia Mathews

(Address) 1614 Pexington St

15 Filed NOV 17 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov 15, 1926, that I last saw h-e alive on Nov 14, 1926, and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

(1) Hemiplegia

(duration) yrs. mos 1½ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm A Wright, M. D.

(Address) 1209 Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	11/18/1926

20 UNDERTAKER Mrs. Ida Knowles ADDRESS 1708 E. Madison

CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 15955 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15955

CERTIFICATE OF DEATH.

117

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. St Joseph's Hospital ST., 152 WARD)

2-FULL NAME Sebastian Ulsch

(a) RESIDENCE NO. 640 S. Lakewood ST., 1 WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Born yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Elizabeth Sullivan Ulsch

6 DATE OF BIRTH (month, day, and year) Dec 6-1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman R.R. 13

(b) General nature of industry, business, or establishment in which employed (or employer) Pennsylvania R.R.

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Joseph Ulsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Hohmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Elizabeth Ulsch Wife

(Address) 640 S. Lakewood ave

15 Filed NOV 17 1926 THOMPSON JONES M. D. Registrar

By ..... L.R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-15-1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1926, to Nov 15, 1926, that I last saw him alive on Nov 15, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Post Operative Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (over)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov 13/1926

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jos. M. Fruhling M. D.

, 19 (Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Nov 20th 1926
20 UNDERTAKER D. Lilly Zeiler	ADDRESS 405 E. Monument

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15956

CERTIFICATE OF DEATH.

97-002

E 15956

1-PLACE OF DEATH University Hospital 4-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Clarence Darnall

(a) RESIDENCE NO. Woltsir ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mathew Darnall

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Mathew Darnall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Hobbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wife Address

15 Filed NOV 17 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/15, 1926, to 11/17, 1926, that I last saw him alive on 11/17, 1926, and that death occurred, on the date stated above, at 2.50 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

Chron

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 11/16/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) H. M. Sinclair, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL, Hayward Co Lemming Chapel Cem.

DATE OF BURIAL Nov 19 1926

20 UNDERTAKER H. M. Sinclair

ADDRESS Md Ave

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15957

E 15957

129

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1503 Riverside Ave Ward 2)

2-FULL NAME Rosa Schuman

(a) RESIDENCE NO. 1503 Riverside Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Schuman

6 DATE OF BIRTH (month, day, and year) Aug 23rd 1860

7 AGE Years 66 Months 7 Days 24 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Geo. Schultz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Frank Schuman

(Address) 1503 Riverside Ave

NOV 7 1926

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15th 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov 15, 1926, that I last saw h__ alive on Nov 15, 1926, and that death occurred, on the date stated above, at 8 A.M. or P.M.

The CAUSE OF DEATH* was as follows:

Arteria sclerosis with Hypertension. 4 yrs.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis 4 yrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Sidney R. Streett, M. D.

11/16, 1926 (Address) 745 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial Nov 18th 1926

20 UNDERTAKER E. D. Fanning & Son — ADDRESS 1460 Battery Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Pks.

E 15958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 ✓ E 15958

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 448. N. PATTERSON Park AVE Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ANGELO LAZZARA

(a) RESIDENCE NO. 448. N. PATTERSON PARK AVE Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Cecola

6 DATE OF BIRTH (month, day, and year) Jan 27th 1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76.	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of indnsiry, business, or establishment in which employed (or employer) self. 08

(c) Name of employer

9 BIRTHPLACE (city or town) Italy

(State or country)

PARENTS

10 NAME OF FATHER Frank Lazzara

11 BIRTHPLACE OF FATHER (city or town) Italy

(State or country)

12 MAIDEN NAME OF MOTHER Teresa Tomasello

13 BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

14 Informant Louis Lazzara

(Address) 448. N. Patterson Park ave.

15 Filed NOV 17 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1926, to Nov. 15, 1926, that I last saw h.im alive on Nov. 15, 1926, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, gastric

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia - Bronchus - Lung Valvular heart disease, Chronic, Mitral regurgitation (duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) A. W. Bunt, M. D.

(Address) 1300 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Stanislaus Cemetery	11/19 1926
20 UNDERTAKER	ADDRESS
Leo J. Ruth	1735. Harford ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 15959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15959

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Smith

(a) RESIDENCE NO. 724 Harford ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Smith

6 DATE OF BIRTH (month, day, and year) July 26 - 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Richard Plummer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER [redacted] Gaines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Pauline Gordon

(Address) 913 N. Mulberry St.

15 Filed NOV 7 1926 (C. HARRISON JONES, M. D.) Registrar

Per KH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1926, to Nov. 14, 1926, that I last saw h[redacted] alive on Nov. 14, 1926, and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) ? 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia.

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) John W. Gaines M. D.

, 19 (Address) Provident Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Nov 17 1926

20 UNDERTAKER Mrs. Kate R. Williams — ADDRESS 322 N. Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 15960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15960

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St. 18-2 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R Dixon

(a) RESIDENCE NO. 1209 E. Lexington St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
44	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Peter Dixon

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Adelaine Dixon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant City Hospital Records

(Address)

15 Filed NOV 7 1926, 19... CARLTON JONES, M. D.

Registrar

Cert. R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 15 1926

17

I HEREBY CERTIFY, That I attended deceased from October 26, 1926, to November 15, 1926, that I last saw him alive on November 14, 1926, and that death occurred, on the date stated above, at 4:54 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardiatus Insufficiency
Contra Indication Pneumonia & 1

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ...yrs. ...mos. 3 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Lovell, M. D.

Nov 15 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial Nov 18 1926

20 UNDERTAKER Claire A. Johnson ADDRESS 6 N. Bethune St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15961

CERTIFICATE OF DEATH.

47

E 15961.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Guilford Ave. St.: 12-3 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Helen Wright Arnold

(Residence in Baltimore: No. 2810 Guilford Ave St.: ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Married

6-DATE OF BIRTH, December 8, 1887.
(Month) (Day) (Year)

7-AGE, 38 yrs. 11 mos. 8 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... housework
(b) General nature of industry, business, or establishment in which employed (or employer)..... home

9-BIRTHPLACE, (State or Country), Cincinnati Ohio

PARENTS.

10-NAME OF FATHER, Stanley P Wright

11-BIRTHPLACE OF FATHER (State or Country), Cincinnati Ohio

12-MAIDEN NAME OF MOTHER Margaret Adams

13-BIRTHPLACE OF MOTHER (State or Country), Cincinnati Ohio

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) E Scott Arnold

(Address) 2810 Guilford Ave

15- NOV 17 1926 (Filed) 192.. C. WILSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 16, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1st 1926, to Nov 16 1926, that I saw her alive on Nov 16 1926, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (Right)

(Duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Harry W Warner M. D.

Nov 16, 1926 (Address) 2604 Garrison Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Nov 18, 1926.
20-UNDERTAKER George J Smith	ADDRESS 1512 Eutaw St

Important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15962

CERTIFICATE OF DEATH.

66 E 15962

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Penna Ave. St., 17-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Makel

(a) RESIDENCE NO. 1031 Penna St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	40	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Henry Makel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Carlson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Mekel
(Address) 1031 Penna ave

15 Filed NOV 17 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Myerberg (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exposure

(duration) 3 days yrs. mos. 1 ds.

(Signed) [illegible], M. D.

Nov 13/26 1926 (Address) 143 N 13 ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 192
Mt Auburn Cem	Nov 17 1926
20 UNDERTAKER Harris Easton	ADDRESS 516 Penna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last residence of deceased.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15963

CERTIFICATE OF DEATH.

REGISTERED NO. L 15963

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1022 N. Stoton ST. 16 WARD)

2-FULL NAME Mary V. Scott

(a) RESIDENCE NO. 1022 N. Stoton ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Richard L. Scott

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant R. L. Scott
(Address) 1022 N. Stoton St

15 Filed NOV 17 1926 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1926, to Nov 16, 1926, that I last saw h[illegible] alive on Nov 16, 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Toxic Absorption

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Brain, M. D.

, 19 (Address) 727 North Bly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Nov 17 '26

20 UNDERTAKER Hand Easton ADDRESS 916 E a ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—12-9-25—A Co.—200 Bks.

E 15964

HEALTH DEPARTMENT—CITY OF BALTIMORE

49

E 15964

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., 23-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Voltz

(a) RESIDENCE NO. 1114 Hanover St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. ____ mos. 26 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Roble

6 DATE OF BIRTH (month, day, and year) Oct. 22-1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	0	25 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Installment House

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Herman Voltz

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Presser

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balt. Md

14 Informant Wm T. Sparenberg

(Address) 744½ West Hamburg St.

15 Filed C. PAMPSON JONES, M. D. Registrar

Per RRH

1 7 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from October 8, 1926, to Nov. 17, 1926, that I last saw him alive on Nov. 17, 1926, and that death occurred, on the date stated above, at 1:30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

Myocardial Failure

(duration) ____ yrs. 4 mos. ____ ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) Vernon N. Norwood, M. D.

Nov 17 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial: Nov. 19 1926

20 UNDERTAKER: Wm Flickner & Sons ADDRESS North Ave

If not correctly supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15965

E 15965

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3739 Harcourt Rd (St.) 27-13 (Ward)

2-FULL NAME Frederick Blankner

(a) RESIDENCE NO. 3739 Harcourt Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Katie N. Blankner

6 DATE OF BIRTH (month, day and year) Jan 3, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner & Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 29

(c) Name of employer Self Balto Md

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER Ferdinand Blankner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mr Andrew Blankner

(Address) 3739 Harcourt Rd

15 Filed 1926 19 CLAWSON JONES, M. D. Registrar

Per RKO

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Nov 14, 1926, that I last saw h.. alive on Nov 14, 1926, and that death occurred, on the date stated above, at 12.20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Harry Glassman, M. D.

Nov 16, 1926 (Address) 2687 Wiseburn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. Date of Burial Nov 18 1926

20 UNDERTAKER Wm Tickner Sons ADDRESS North Ave

Upon should be carefully supplied. Avoid abbreviations. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

(Botsford)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15966

E 15966

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST., 4-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Florence Botsford

(a) RESIDENCE No. Laurel Md. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced (HUSBAND of) or) WIFE of James Botsford

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country) maryland

PARENTS

10 NAME OF FATHER John Smithson

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Beckett

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant Hospital Record (Address)

15 Filed NOV 17 1926, 19 ... Per ... Registrar

C. RAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16/26 19

17

I HEREBY CERTIFY, That I attended deceased from 11/9/26, 19 ..., to 11/16/26, 19 ...

that I last saw her alive on 11/16/26, 19 ...

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

1 Cardiac Failure

(duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? Cholecystectomy for stones

Did an operation precede death? yes Date of 11/12/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md — DATE OF BURIAL 11-18 1926

20 UNDERTAKER Geo French — ADDRESS Laurel Md

mation should be carefully supplied. Exact statement of OCCUPATION may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15967

CERTIFICATE OF DEATH

151 E 15967

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1912 E. Lafayette Ave St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. McWilliams

(a) RESIDENCE NO. 1912 E Lafayette Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 1 mos. 11 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah A. McWilliams

6 DATE OF BIRTH (month, day, and year) Sept 28 1848

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	78	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Railway Shops

(c) Name of employer —

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER James H. McWilliams

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Andrew McWilliams

(Address) 1912 E Lafayette Ave

15 Filed ....., 19.. Registrar RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 15, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Nov 15, 1926, that I last saw him alive on Nov 15, 1926, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Gangrene of Left foot

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. da.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Streett, M. D.

11/17, 1926 (Address) 1745 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Western Cemetery	Nov. 18, 1926
20 UNDERTAKER	ADDRESS
Jno Byfer	1600 W. North Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

52

E 15968 **E 15968**

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2420 Pierce Av. St. 15-13 Ward)

2-FULL NAME Mr Nicola Kavakos

(a) RESIDENCE NO. 2420 Pierce Av St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE: Years 65 Months about Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: —

9 BIRTHPLACE (city or town) _____

(State or country) Greece

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Greece

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Greece

14 Informant Mrs Nelson

(Address) 1220 Pierce Av.

Filed NOV 17 1926 19 C. H. SIMPSON JONES, M. D. Registrar

Per RAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 16 26

17

I HEREBY CERTIFY, That I attended deceased from about Sept 26, to Nov 16 26, that I last saw h__ alive on Nov 16, 1926 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows: Chronic arthritis with Ankylosis of all joints

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Old age. Paralysis 6 mos

(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. Emrich, M. D.

Nov 16 1926 (Address) 1605 North Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Woodlawn Cemetery Nov 19 1926

20 UNDERTAKER — ADDRESS

Josiah Taylor 1611 N. Gaunt Av

tion should be carefully supplied. Age should be stated in OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—1-12-23—M&T—500 Bks.

1926 E 15969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15969

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST., 1-1 WARD)

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Warfield

(a) RESIDENCE NO. Phelps-Ky- ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 056

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER H- Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky-

12 MAIDEN NAME OF MOTHER Sally Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky-

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19..... C. SAMPSON JONES, M. D.

Registrar

1-7 1926 By .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations not allowed. TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1926.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1926, to Nov. 16 1926, that I last saw him alive on Nov. 16 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the head of the pancreas

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) none.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 11/10/26.

Was there an autopsy? yes.

What test confirmed diagnosis? Microscopic examination of tissue removed

(Signed) Warfield Reveal M. D.

19 (Address) JHH

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Belarmine Va

DATE OF BURIAL 11/17/26

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 N Bway

Spec—12-23-21—E.B.R.S.—400 Eks.

E 15970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15970

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1110 N. Fulton Ave St. 27-9 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norma E. Kirk

(a) Residence No. 5308 St. George Ave Govans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of George A. Kirk

6-DATE OF BIRTH (month, day and year) July 23 1858

7-AGE, 68 yrs. 3 mos. 23 ds. If LESS than 1 day, hrs. or mio.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown Bruce

12-MAIDEN NAME OF MOTHER, Louisa Trust

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14-Informant: Mrs. Arthur H. Johnson
Address: 5308 St. Georges ave Govans

15-Filed NOV 17 1926 C. THOMPSON JONES, M. D. Registrar.
By

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 15 1926

17- I HEREBY CERTIFY, That I attended deceased from Nov 13, 1926, to Nov 15, 1926, that I last saw h[illegible] alive on Nov 14, 1926, and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma
Chr Int Nephritis
Chr. Myocarditis
(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. W. Bishop, M. D.
Nov 15, 1926 (Address) 501 Shenandoah

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Nov 19, 1926
20-UNDERTAKER.	ADDRESS
Chas. G. Black	714 W. North ave

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 15971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15971

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Elting St ST. 14-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C. Chase

(a) RESIDENCE. NO. 2112 Elting St ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Chase

6 DATE OF BIRTH (month, day, and year) 10-4-1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Former Train porter Retired 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B&O. R.R.

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER Alfred Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

12 MAIDEN NAME OF MOTHER Amelia Burn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant Harry Chase

(Address) 2112 Eltings St

15 DATE RECEIVED 1926 CAMPBELL JONES, M. D. Registrar

Pct RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Nov 16, 1926, that I last saw him alive on Nov 16 —, 1926, and that death occurred, on the date stated above, at 6:10 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac - Renal Insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Marcellus E Toney, M. D.

, 19 (Address) 1745 N Carey st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick Md	11/18/26
20 UNDERTAKER	ADDRESS
Samuel S Stemley	578 N Eddi

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15972

CERTIFICATE OF DEATH.

E 15972

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Jail St. 181 Ward)

2-FULL NAME Pearl Walton Richardson

(a) RESIDENCE NO. 814 Ruborg Rd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Adelle Boone

(Address) 821 Ruborg St

Filed _____, 19 26 C. THOMPSON JONES, M. D.

Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cystitis

(Duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Accidental

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____, M. D.

Nov 17, 1926 (Coroner) (Address) 1639 Bruce

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial Nov 18 1926

20 UNDERTAKER Samuel T Hennessey ADDRESS 578 E Baltimore

Dec 7 1926

Instructions: Use typewriter or write plainly with pen and ink. Fill in all items. Be sure that the information is entered in the proper space. Any item which is unknown or cannot be properly classified, should be reported as such. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15973

E 15973

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Otterbein ST.) 21-3 WARD)

2-FULL NAME Thomas Hooper

(a) RESIDENCE NO. 512 Otterbein ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3-2 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Benjamin A. Hooper

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth A. Moore

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Mary E. Woodall
(Address) 710 Ry. Arlington Ave.

15 Filed ... 192 C. THOMPSON JONES, M. D.
Registrar
By ... Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) E Dunston

(duration) ... yrs. ... mos. 1 ds.

(Signed) G C Wadle, M. D.

(Address) 745 W 34 ray

Nov 16 26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Nov 19 1926

20 UNDERTAKER Wilbur W. Shriver

ADDRESS 1018 Edmondson Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

NOV 17 1926

Spec.—1-10-21—M&T—1500 Bks.

E 15974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

164

E 15974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St.) (10-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin D. Towson

(a) RESIDENCE NO. Valley & Preston ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Mary L. Towson

6 DATE OF BIRTH (month, day, and year) about 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work plasterer 57

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Towson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Dennis Morgan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Chester W. Thorley
(Address) 1275 McHenry St

15 Filed NOV 17 1926 C. SIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1926

17

I HEREBY CERTIFY, That I attended deceased from to record, 19 , to , 19 ,

that I last saw h was alive on Nov 14, 1926,

and that death occurred, on the date stated above, at a.m.

The CAUSE OF DEATH* was as follows:

Senile dementia

unknown (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Nov, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 18 26
20 UNDERTAKER	ADDRESS
Harry H. Wirtz	1534 W. Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15975

CERTIFICATE OF DEATH.

161-002.

E 15975

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 706 N Hamburg St. 21-3 Ward)

2-FULL NAME Mary Clara Wise

(a) RESIDENCE NO. 706 N Hamburg St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Harry J Wise

11 BIRTHPLACE OF FATHER (city or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Clara Baker

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Harry J Wise

(Address) 706 N Hamburg St.

Filed NOV 19 1926 Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Nov 17, 1926

that I last saw h— alive on Nov 16, 1926

and that death occurred, on the date stated above, at 10 45A m.

The CAUSE OF DEATH* was as follows:

Prolonged Labor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

(Address) 517 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters. Date of Burial: 11-18 1926

20 UNDERTAKER: Erb & Harbr ADDRESS: 1156 E Fayette St.

NOV 18 1926

(Should be carefully supplied. AGE should be stated EXACTLY. If less than 1 day, hours or minutes must be given. NAME OF DISEASE causing death must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.)

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15976

CERTIFICATE OF DEATH.

129 E 15976

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 South Paca ST. 22-1 WARD)

2-FULL NAME GEORGE SAKIEVICH

(a) RESIDENCE NO. 622 S Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Marrid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Okute

6 DATE OF BIRTH (month, day, and year) No 1865

7 AGE 61	Years	Months	Days	If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Vincent Sakievich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Vincent Sakievich

(Address) 622 South Paca Street

15 Filed NOV 18 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 19 26, to Nov 16, 19 26.

that I last saw him alive on Nov 16, 19 26

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute La Grippe

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Lobula pneumonia, nephritis myocarditis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) A. J. Buchness M. D.

, 19 (Address) 37 S. Wendover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov. 19. 1926 19
20 UNDERTAKER	ADDRESS
John Grebliauckas L. &	423 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT IS VERY important. See Instructions on back of certificates.

Spec.—12 9 25—A Co.—200 Bks.

E 15977

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

E 15977

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1924 E. 30th St., 9-2 Ward)

2-FULL NAME Matthew Sponer

(a) RESIDENCE NO. 1924 E. 30th St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. — How long in U. S., if of foreign birth? 72 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ late Mary Anna Sponer.

6 DATE OF BIRTH (month, day, and year) August 15 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	3	1	

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work Policeman 61

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Baltimore City.

9 BIRTHPLACE (city or town)_____

(State or country) Germany.

PARENTS

10 NAME OF FATHER John Sponer.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara Kestler

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany.

14 Informant Thomas Sponer.

(Address) 1924 E. 30th St.

NOV 18 1926

Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 16 — 1926

17

I HEREBY CERTIFY, That I attended deceased from August 10 — 1926, to November 17 — 1926, that I last saw h.im alive on November 14 — 1926, and that death occurred, on the date stated above, at 1:55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines and Rectum

(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs

(Signed) Chester Roland, M. D.

11-17, 1926 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer Cemetery Nov 20 1926

20 UNDERTAKER — ADDRESS

Henry Hosch Son 1301 E Eager St

Instruction should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificates. Exact statement of OCCUPATION is

Spec.—1-10-21—M&T—1500 Bks.

Seidler

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 15978

E 15978

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Fair Oak av St. 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M Seidler

(a) RESIDENCE No. 113 Fair Oak av St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John G Seidler

6 DATE OF BIRTH (month, day, and year): March 22 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Schwitzerland

PARENTS

10 NAME OF FATHER: Jacob Geiser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Schwitzerland

12 MAIDEN NAME OF MOTHER: Rief

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Schwitzerland

14 Informant (Address): John G Seidler 113 Fair Oak av

15 Filed NOV 18 1926 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1926, to November 16 1926.

that I last saw her alive on Nov 16, 1926

and that death occurred, on the date stated above, at 12 45 pm.

The CAUSE OF DEATH* was as follows:

Sarcoma of Humerus.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) metastasis to Liver

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Howard B, M. D.

11/17 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	Nov 18 1926
20 UNDERTAKER Mastit & Y.	ADDRESS
Long Island	32 S Broadway

J Heerman

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15979

CERTIFICATE OF DEATH.

12-3 179 E 15979

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James T. O'Connor

(a) RESIDENCE NO. 2223 St. Paul St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Margaret Gulley O'Connor

6 DATE OF BIRTH (month, day, and year) June 15 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64		10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mt. Savage Md

PARENTS

10 NAME OF FATHER Patrick O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mt. Savage, Md

12 MAIDEN NAME OF MOTHER Jane Stephens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mrs Morgan-O'Connor

(Address) 2223 St Paul St.

15 Filed NOV 18 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 - 16 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-23, 1926, to 11-16, 1926

that I last saw h in alive on 11-16, 1926

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows: Uremia - Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pyelonephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. S. Anderson, M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	Nov 19 1926
20 UNDERTAKER	ADDRESS
John J Cowan & Son	401 Holliday St

CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE OF DEATH is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 15980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-4 129

REGISTERED NO. E 15980

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N. Payson St St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank V Kellings

(a) RESIDENCE. No. 1011 N. Payson St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Exact statement of OCCUPATION should be carefully supplied. Note that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary A. Kellings.

6 DATE OF BIRTH (month, day, and year) March 2 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	59	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lineman

(b) General nature of industry, business, or establishment in which employed (or employer) C & P Telephone Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary A. Coghill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary A. Kellings

(Address) 1011 N Payson St

15 Filed NOV 18 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1923 to Nov 16 1926

that I last saw h[illegible] alive on Nov 16 1926

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Arteriolar & Muscular Rheumatism

Chr. Nephritis

Arterio-Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robt J Murray M. D.

11-17. 1926 (Address) 516 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Nov 19th 1926
20 UNDERTAKER	ADDRESS
John J Cowan & Son per F.J. Cowan	901 Hollins Ave

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15981

CERTIFICATE OF DEATH.

90 E 15981

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Rutland Ave ST. 7-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Manuel Spalin

(a) RESIDENCE NO. 814 Rutlamd Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Spalin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clothing Presser
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Spalin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lena Spalin
(Address) 814 Rutland Ave

15 Filed ....., 192 .....
Per ..... Registrar

C. HARRISON JONES, M. D.

NOV 18 1923

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17/23 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquory (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
(Probably Valvular)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Callis, M. D.
(Coroner.)

11/18/23 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Hunting Run	11/18 1923
20 UNDERTAKER	ADDRESS
Jack Louis	1431 E Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 15982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

REGISTERED NO. E 15982

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 96 E. Hamburg St. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Smith

(a) RESIDENCE. NO. 9 E. Hamburg ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 4yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Oliver D Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Minnie D Fickling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Minnie D Smith
(Address) 9 E Hamburg St

15 Filed ....., 19.. C. ANDERSON JONES, M. D. Registrar

NOV 18 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1926

17 I HEREBY CERTIFY That I attended deceased from Nov 16, 1926, to Nov. 17, 1926

that I last saw her alive on Nov. 17, 1926,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows: Pneumonia, Lobar

.....(duration) ....yrs. ....mos. 3 ds.

CONTRIBUTORY (Secondary) .....

.....(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? yes Clinical

(Signed) Wm T Johnson M. D.

11-17-1926 Address 39 Eutaw Park Heights

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Homydel	Nov 19 1926
20 UNDERTAKER	ADDRESS
Wm Cook	502 E North Ave

IMPORTANT. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be careful

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15983

CERTIFICATE OF DEATH.

9 E 15983

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 15-9 WARD)

2-FULL NAME William Shanahan

(a) RESIDENCE NO. 2831 Presbury St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year) unk. 10/24/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		about	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: William Shanahan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Gladys Getz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nashville Tenn

14 Informant: Thomas E. Connor
(Address) 2249 Q4th S.E Wash. D.C.

15 Filed NOV 18 1926, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Autopsy at Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Pertussis

(duration) yrs. mos. ds.

(Signed) J. S. Wallace M. D.
(Coroner.)

11/16/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C.

DATE OF BURIAL 11/19 1926

20 UNDERTAKER: Timothy Hanlon

ADDRESS 641 H Street Washington DC

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15984

CERTIFICATE OF DEATH.

90 E 15984

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2954 Clifton Ave ST., 15-16 WARD)

2-FULL NAME Anna C. Fohner

(a) RESIDENCE NO 2954 Clifton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph P Fohner

6 DATE OF BIRTH (month, day, and year) ? ? 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 37
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Ulrich Thum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Suthue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Joseph P Fohner
(Address) 2429 Clifton Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Cor Pulmonale 1 yr 7 mos

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov 19 1926
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Lafayette Ave

C. PERSON JONES, M.D.

NOV 18 1926

CAUSE OF DEATH in plain terms, so that it may be intelligible to the Registrar of Deaths.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15985

CERTIFICATE OF DEATH.

28-4 31 E 15985

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Carroll Ave., Franklintown. STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Chester Phillips

(a) RESIDENCE No. Carroll Ave., Franklintown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Agnes Luers Phillips

6 DATE OF BIRTH (month, day, and year) 11-18-1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
✓	35	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Weaver

(b) General nature of industry, business, or establishment in which employed (or employer) Cotton

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Phillips.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Adaline Parke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Agnes Phillips (Address) Woodlawn Md.

15 Filed NOV 16 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15th. 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 22nd. 1926 to Nov. 15th. 1926

that I last saw him alive on Nov. 15th. 1926

and that death occurred, on the date stated above, at 8:00 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 11 mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Revolution M. D.

19 (Address) 24 N Fulton.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery — DATE OF BURIAL 11/18 1926

20 UNDERTAKER William Cook — ADDRESS 502 E North Ave

mation should be carefully supplied. Also ... it may be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it ...
TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 15986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31 E 15986

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 St., 5-12 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Johnson (Nichols)

(a) RESIDENCE NO. 528 N. Spring St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Johnson

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ?

(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

C. HAMPSON JONES, M. D.

15 Filed NOV 18 1926, 19 or

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 15 1926

17

I HEREBY CERTIFY, That I attended deceased from November 3, 1926, to November 15, 1926, that I last saw h.. alive on November 14, 1926, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

IS Where was disease contracted

If not at place of death

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) A Hooper Smith, M. D.

Nov 18 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Asbury Cemetery — Nov 18 1926

20 UNDERTAKER — ADDRESS

Mrs Chas G. Bailey 1424 Jefferson St

NOV 18 1926

R.—WRITE PLAINLY, WITH INK. PHYSICIANS should state CAUSE tion should be carefully supplied. AGE should be OF DEATH in plain terms, so that it may be pro very important. See instructions on back of cert

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15987

CERTIFICATE OF DEATH.

31 E 15987

1-PLACE OF DEATH 639

CITY OF BALTIMORE: (No. ~~639~~ Sterling St., 21-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alberta Manning

(a) RESIDENCE No. 1207 St. Paul St. ~~627 Sterling~~ St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jonnie Manning

6 DATE OF BIRTH (month, day, and year) March 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	30	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work St Anne
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Mr Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Margaret Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Jonnie Manning Husband
(Address) 980 Biddle St

15 Filed ..... 192 ..... Registrar
Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Probably General Milary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. J. Pitts, M. D.
(Coroner.)

11/17/26. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int Zion	Nov 15 192
20 UNDERTAKER	ADDRESS
R L Parham	1216 S. Stricker St

NOV 18 1926 CLARENCE JONES, U. D.

Spec.—12-9-25—A Co.—200 Bks.

E 15988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 15988

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2622 N. Charles St. St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Frances Yohn

(a) RESIDENCE NO. 2622 N. Charles St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If ~~married, widowed, or divorced~~ HUSBAND of / WIFE of Philip H. Yohn

6 DATE OF BIRTH (month, day, and year) Aug. 21st. 1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
82	/	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penna.

(State or country)

PARENTS

10 NAME OF FATHER Jacob A. Wright

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah A. Basserman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Francis P. Murphy

(Address) 2622 N. Charles St.

Filed NOV 18 1926 THOMPSON JONES, M. D.

Per Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16th 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 20 1926, to Nov-16th, 1926, that I last saw h[illegible] alive on Nov 16, 1926 and that death occurred, on the date stated above, at 11.45P m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Chas. R. Goldsborough, M. D.

, 19 (Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 11/19th 1926

20 UNDERTAKER Chas. E. Faucett Son ADDRESS 1181 W. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15989

REGISTERED NO. E 15989

1-PLACE OF DEATH

City of BALTIMORE: (No. 54 E. Woodland Ave. St. 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Holt

(a) RESIDENCE NO. 54 E. Woodland Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Katie C. Holt.

6 DATE OF BIRTH (month, day, and year) Unknown 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

10 NAME OF FATHER John T. Holt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Marion T. Horney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Katie C. Holt

(Address) 54 E. Woodland Ave.

15 Filed ..... 19 ..... Registrar

NOV 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16th. 1926. 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 19 25, to Nov 16, 19 26, that I last saw h alive on Nov 15, 19 26, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Thrm of Brain

duration 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Charles O'Donovan, M. D.

Nov 17, 1926 (Address) 5 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery. Date of Burial 11/19-1926

20 UNDERTAKER Chas. H. Grave & Son ADDRESS 118 W. Mt Royal Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 15990 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15990
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Goode Brooke

(a) RESIDENCE NO. 324 Pembroke Ave ST. WARD Norfolk Virginia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of William Brooke

6 DATE OF BIRTH (month, day, and year) May 11 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Isle of Wight Co Virginia

PARENTS

10 NAME OF FATHER John Goode

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sallie Urquhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant James V Brooke
(Address) Norfolk Virginia

15 Filed NOV 18 1926, 19 [illegible] Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1926 to Nov 18 1926, that I last saw her alive on Nov 18 1926, and that death occurred, on the date stated above, at 9 35 A m.

The CAUSE OF DEATH* was as follows:

Hypernephroma
with metastases - general
Diagnosed July 1926
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Norfolk Va

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lewis Alds Taylor, M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

DATE OF BURIAL Nov 18 1926

20 UNDERTAKER Henry W Jenkins

ADDRESS Orchard

Exact statement of OCCUPATION should be carefully supplied. A CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15991

E 15991

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Harry O Jedney.

(a) RESIDENCE No. 2128 Dale St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State) New York

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 14 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Kenoza Lake
(State or country) new York

PARENTS

10 NAME OF FATHER Jas O Jedney

11 BIRTHPLACE OF FATHER (city or town) Kenoza
(State or country) Lake new York

12 MAIDEN NAME OF MOTHER Lilian = Sutliffe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Damascus Pa

14 Informant Jas O Jedney
(Address) Kenoza Lake N.Y.

15 Filed NOV 18 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 2 .19 26. to Nov 17 .19 26.

that I last saw h alive on Nov 17 .19 26.

and that death occurred, on the date stated above, at 5:45 a. m.

The CAUSE OF DEATH* was as follows:

cardio-nephritis with ascites.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema - myocardial failure (duration) 1 yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C L Mason M. D.

11-17 19 26 (Address) Franklin Sq Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jeffersonville Sullivan Co newyork	11/20 1926
20 UNDERTAKER Robert Brookerson	ADDRESS Cor Calhoun Hollins st

N. B.—WHITE PAPER, BLACK INK. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 15992 HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

E 15992

1-PLACE OF DEATH

City of BALTIMORE: (No.) 91 3rd Ave Hazen St 25-9 Registered No. 129

2-FULL NAME John Anuszewski

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 91 3rd ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced: Married (Write the word)

5a-If married, Widowed, or divorced: HUSBAND ~~of (or)~~ WIFE of Catharine Anuszewski

6-DATE OF BIRTH (month, day and year) June 24-1865

7-AGE: 61 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Poland

PARENTS.

10-NAME OF FATHER: John Anuszewski Sr.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Poland

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country):

11- (Informant): Walter Anuszewski

(Address): 91 3rd Ave

15- Filed NOV 18 1926 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 17-1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1926 to Nov 5 1926

that I last saw him alive on Nov 5 1926

and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon J. Hatka M. D.

Nov 17 1926 (Address) 929 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus DATE OF BURIAL: Nov 20 1926

20-UNDERTAKER: J. W. Ozazenski ADDRESS: 1930 Eastern Ave

PLEASE BE EXACTLY: PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15993

CERTIFICATE OF DEATH.

181-001

E 15993

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1612 E Pratt St. 3-2 Ward)

2-FULL NAME Francis A. Donovan

(a) RESIDENCE NO. 1612 E Pratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Donovan

6 DATE OF BIRTH (month, day, and year) Oct 21 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	-	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Steamboat

(c) Name of employer

9 BIRTHPLACE (city or town) Salt City

(State or country)

PARENTS

10 NAME OF FATHER Simon Donovan

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Dawson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Joseph Donovan

(Address) 612 E Pratt St

15 Date NOV 18 1926 C. ALLISON JONES, M. D.

Per CAH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, au-

topsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

asphyxiation by
Exhilarating Gas,
accident

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hamilton M. D.
(Coroner)

11. 19. 1926 (Address) 705 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 11/19 1926

20 UNDERTAKER Chas F. Hamilton ADDRESS 1118 N Royal Ave

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 15994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15994

CERTIFICATE OF DEATH.

161-09

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N. Durham ST., 71 WARD)

2-FULL NAME Baby Della

(a) RESIDENCE NO. 716 N. Durham ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11·17·26

7 AGE	Years	Months	Days	If LESS than 1 day..... hrs. or 10 min.
	✓			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Norma Booker

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Edith Della

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Edith Della
(Address)

15 Filed NOV 18 1926 C. HAMPSON JONES, M. D. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11·17 1926

17

I HEREBY CERTIFY, That I attended deceased from 11·17, 1926, to 11·17, 1926, that I last saw h[illegible] alive on 11·17, 1926, and that death occurred, on the date stated above, at 12:55 P. m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) ..... yrs. ..... mos 1 ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) W. de Bruyn, M. D.

, 19 (Address) 1510 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — Commissioner Health

DATE OF BURIAL: NOV 18 1926, 19

20 UNDERTAKER Per. Wm. E. McDonald

ADDRESS

AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 15995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15995

CERTIFICATE OF DEATH.

15-9 31

1-PLACE OF DEATH

City of BALTIMORE: (No.) Baltimore City Hospitals St. (B. H.) Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norwood Fogle STULL

(a) RESIDENCE NO. 1813 Ashburton st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~1906~~ Nov. 10-1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	~~20~~ 19	0	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ~~Chauffeur~~ Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Fogle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ada Stull

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

Filed 19 C. THOMPSON JONES, M. D.
Per Registrar

V 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November 18, 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25 19 26, to Nov. 18, 19 26,

that I last saw him alive on Nov. 18, 19 26,

and that death occurred, on the date stated above, at 2.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gatten M. D.

11-18-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. Ladysburg Md. Date of Burial: 11-20 19 26

20 UNDERTAKER: Wm J. Tickner & Sons ADDRESS: N. Y Pa

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15996 E 15996

CERTIFICATE OF DEATH.

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1932 Edmondson Ave Ward)

2-FULL NAME William Frederick Holmes

(a) RESIDENCE NO 1932 Edmondson Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 22 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Elizabeth Holmes

6 DATE OF BIRTH (month, day, and year) Sept. 26 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mgr. Upholstery Dept

(b) General nature of industry, business, or establishment in which employed (or employer) Ltd

(c) Name of employer McDowell & Co.

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Malloncott Holmes.

11 BIRTHPLACE OF FATHER (city or town) Bredk

(State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Olivia Krager.

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Mrs. Marie E. Holmes

(Address) 1932 Edmondson Ave

15 Filed ..... 19 ..... Registrar

NOV 18 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to Nov. 17, 1926, that I last saw h.im alive on Nov. 16, 1926, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Sarcoma - Neck. -

(duration) 1½ yrs. mos. ds.

CONTRIBITORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 3 times in 1½ years

Was there an autopsy? no

What test confirmed diagnosis? Laboratory - Specimen

(Signed) M Bannanstad M. D.

Nov. 18, 1926 (Address) 626 N. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

New Cathedral Cem. Nov 1926

20 UNDERTAKER Wm Tuckner Sons ADDRESS Hanover Pa

C. H. THOMPSON JOHNS, M. D. Registrar

For

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 15997.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117 E 15997

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 217 Myrtle ave 4-1 Ward)

2-FULL NAME Billie Wilkins

(a) RESIDENCE NO. 217 Myrtle ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant Bertie Evans

(Address) 217 Myrtle ave

NOV 18 1926 19 26 RRA Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

Enteritis Diet

(duration) yrs. mos. 4 hrs.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) G. C. Wade, M. D. (Coroner)

Nov 17 26 (Address) 1431 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cem	Nov 19 26
20 UNDERTAKER Daniel Easton	ADDRESS 716 E Fayette

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 15998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15998

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-3 153 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Kaey.

(a) RESIDENCE NO. 418 Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Kaey.

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry Work

(b) General nature of industry, business, or establishment in which employed (or employer) Gas

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Johnson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md. Penn

12 MAIDEN NAME OF MOTHER Carie Murray.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Running Work (Address)

15 Filed NOV 18 1926, 19 Per C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/15, 19 26, to 11/17, 19 26.

that I last saw h[er] alive on 11/17, 19 26.

and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cellulitis of the Neck

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/16/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical Evidence

(Signed) Jacob R. Jonsen, M. D.

, 19 (Address) Univ Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Nov 19 1926

20 UNDERTAKER Wm Easton ADDRESS 716 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 15999

90 E 15999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 N. Kenwood Ave St. 6-3 Ward)

2-FULL NAME Caroline A. Frederick

(a) RESIDENCE NO. 14 N. Kenwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of P. William Frederick

6 DATE OF BIRTH (month, day, and year) August 27/63

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	63	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Peter Ziefle

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Agatha Seidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Herman Tripp (Daughter)

(Address) 14 Kenwood Ave

(Date) (Signature) C. THOMPSON JONES, M. D., Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Heart Block

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Vascular Degeneration (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

11/18/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery Date of Burial Nov 20 1926

20 UNDERTAKER Henry Sander & Sons Inc ADDRESS 1710 Fleet St.

NOV 18 1926

R.—WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 16000 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16000

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S Fremont ST. 18-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Magel

(a) RESIDENCE NO. 222 S Fremont ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Magel

6 DATE OF BIRTH (month, day, and year) May 1 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Peter Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James Magel
(Address) 222 S Fremont

15 Filed NOV 18 1926 19.. C. HAMPSON JONES, M. D. Registrar
By Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/3, 1926, to 11/17, 1926, that I last saw h[illegible] alive on 11/16, 1926 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Myocarditis ; Ch Dis. Myo.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? usual

(Signed) Bernard J. Terry, M. D.

11/18/26 (Address) 910 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	Nov 20 1926
20 UNDERTAKER	ADDRESS
Wendell Roffel Son	378 Fm

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S ATTENTION is called to the fact that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 16001

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 89

E 16001

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1302 Eutaw Place St. U-1 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Azalia Hussey Thomas

(Residence in Baltimore: No. 1302 Eutaw Place St. 18 yrs. mos. ds.)

Azalia Hussey Thomas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~SINGLE, MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widow

6 DATE OF BIRTH: Sept (Month) ..... (Day), 1843 (Year)

7 AGE: 82 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Home maker
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Azael Hussey

11 BIRTHPLACE OF FATHER (State or country): U.S

12 MAIDEN NAME OF MOTHER: Susanna Strobel

13 BIRTHPLACE OF MOTHER (State or country): Baltimore City

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm C Thomas

(Address) 1302 Eutaw Place

15 Filed 1 8 1926, 191 RKB REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 16 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov 16 1926

that I saw h alive on Nov 11, 1926

and that death occurred, on the date stated above, at 7.10 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 13 yrs. mos. ds

Contributory (SECONDARY) Angina Pectoris

(Duration) yrs. mos. 16 ds.

(Signed) Flora Pallack M. D.

Nov 16, 1926 (Address) 1112 Eutaw ST

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Nov 19, 1926

20 UNDERTAKER: McKeon & McKenzie

ADDRESS: 411 Broadway

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16002

CERTIFICATE OF DEATH.

129 E 16002

(REGISTERED NO.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 W. Lafayette ave (St.) 17-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace L. Hawkins

(a) RESIDENCE. (No.) 1464 N. Carey St (St.) (WARD.)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? -1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work check room girl

(b) General nature of industry, business, or establishment in which employed (or employer) 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Cowa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Nellie Gaynor

(Address) 605 Lafayette ave

15 Filed 1 8 1926 C. [illegible] JONES, M. D. Registrar

For RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-16, 1926, to 11-17, 1926, that I last saw h. l. alive on 11-17, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

acute myocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pyelitis nephritis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1404 Carey St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical examination

(Signed) Frank T. Saunders M. D.

, 19 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pooleville, Md.

DATE OF BURIAL 1/21/1926

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

CAUSE OF DEATH. See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16003

CERTIFICATE OF DEATH.

E 16003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 164 ½ N. Gilmor ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline Redfern

(a) RESIDENCE NO. 164 ½ N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	black	married

If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Monroe Redfern

6 DATE OF BIRTH (month, day, and year) unknown 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Green Austin

11 BIRTHPLACE OF FATHER (City or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Susan Rose

13 BIRTHPLACE OF MOTHER (City or town) (State or country) unknown

14 Informant ada Colbert

(Address) 164 ½ N. Gilmor

15 Filed NOV 19 1926 19 C. EMERSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-9- 1926, to 11-17 1926,

that I last saw her alive on 11-17 1926

and that death occurred, on the date stated above, at 8 45 P.M.

The CAUSE OF DEATH* was as follows:

Postpartum hemorrhage

(duration) yrs. mos 3 hrs.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. Alexander Lowry M. D.

11/17 1926 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Marshall N. Carolina	Nov. 19 1926.
20 UNDERTAKER Miss Gas E. Dennis per T. G. Reason	ADDRESS 1302 Freedman St.

CAUSE OF DEATH in plain terms, so that it may be properly Classified. Entire blank must be filled out. Omission of any item may cause delay and loss of certificates. TION is very important See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Montyk

E 16004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16004
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 Elliott St ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franciszek Montyk

(a) RESIDENCE No. 3019 Elliott St ST., 1 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848-July 1

7 AGE — Years: 78 — Months: 4 — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Andreas Montyk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Stanislawa Montyk
(Address) 3019 E Elliott St

15 Filed NOV 19 1926 Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926, to Nov 18, 1926, that I last saw him alive on Nov 18, 1926, and that death occurred, on the date stated above, at 9.15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease

(duration) yrs. 12 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J Kopacek M. D.

(Address) 800 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. — DATE OF BURIAL: Nov 20 1926

20 UNDERTAKER: Stephen F Fialkowski — ADDRESS: 1000 Kenwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16005

CERTIFICATE OF DEATH.

74-001

Registered No. E 16005

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 S Bunley St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Kowalski

(a) Residence No. 710 S Bunley St., 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

Exact statement of OCCUPATION is very important. Fill in plain terms, so that it may be properly classified. Examine instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Veronica Kowalski

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 60 yrs. 0 mos. 0 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 606

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Poland

PARENTS.

10-NAME OF FATHER, Michal Kowalski

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Poland

12-MAIDEN NAME OF MOTHER, Frances Milenski

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Poland

14- (Informant) Veronica Kowalski

(Address) 710 S Bunley

15- (Filed) NOV 19 1926 192 (Per) K.H. C. HERBERT JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 18. 26

I HEREBY CERTIFY, That I attended deceased from Nov 16 26 to Nov 18 1926

that I last saw her alive on Nov 18 1926

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur J. Rypanek M. D.

Nov 19 26 (Address) 891 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Holy Rosary Cem	11 22 1926
20-UNDERTAKER.	ADDRESS
Wm Fialkowski	1618 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

E 16006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16006

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1000 N. Monroe St., 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bennie Rochkind

(a) RESIDENCE NO. 3910 Callaway Ave., St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rochkind

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Simon Rochkind

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Katie -----

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant J. Levis

(Address) 1439 E. Balto. St.

C. HARRISON JONES, M.

15 Filed _____, 19 _____

Per K K Registrar

NOV 9 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. ds.

Nov 18 1926 (Signed) C. H. Jones M. D. (Coroner)

(Address) 1439 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Memorial Date of Burial 11/20 19 26

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1926
90 40

CERTIFICATE OF DEATH.

E 16007
1-PLACE OF DEATH

REGISTERED NO. E 16007

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1328 n Carey St. 15-13 Ward)

2-FULL NAME Susie Johnson

(a) RESIDENCE NO. 1328 N. Carey St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Johnson

6 DATE OF BIRTH (month, day, and year) Unknown. 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer —

9 BIRTHPLACE (city or town) _____
(State or country) Howard Co Md.

PARENTS

10 NAME OF FATHER Paul Jaysen

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Md.

14 Informant Wm Johnson
(Address) 1328 n. Carey

15 Filed 19 _____ Registrar

NOV 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16 19 26

17 I HEREBY CERTIFY, That I attended deceased from 10/25 19 26, to Nov 16, 19 26,
that I last saw h[illegible] alive on Nov 16, 19 26
and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency ?
(duration) _____ yrs. ? mos. _____ ds.

CONTRIBUTORY (Secondary) Pyelonephritis
(duration) _____ yrs. _____ mos. 3 ds.

18 Where was disease contracted
If not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? _____
(Signed) J. H. D. Hughes, M. D.
, 19 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery. Date of Burial NOV 19 19 26

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Pennsylvania Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Love.

100-001.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16008

CERTIFICATE OF DEATH.

E 16008

REGISTERED NO.

1-PLACE OF DEATH University Hospital ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME George Lone

(a) RESIDENCE NO. 615 S. Stark st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dish Washer 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) virginia

PARENTS

10 NAME OF FATHER George Lone

11 BIRTHPLACE OF FATHER (city or town) (State or country) virginia

12 MAIDEN NAME OF MOTHER Eliz. Holloway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) virginia

14 Informant Henry Lee (Address) 615 S. Stark St

15 Filed NOV 19 1926 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/1/26, 19 , to 11/17/26, 19 ,

that I last saw him alive on 11/17/26, 19 ,

and that death occurred, on the date stated above, at 3:5 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 6 wks. mos ds.

CONTRIBUTORY (Secondary) Pulmonary abscess

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 10/22/26

Was there an autopsy?

What test confirmed diagnosis? clinical & x-ray

(Signed) J. S. Woodard, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Port News. Va

DATE OF BURIAL Nov 19 1926

20 UNDERTAKER John H. Toadvine

ADDRESS 1021 Hamilton Ave

mation should be carefully supplied. AGE should be stated EXACTLY. If LESS than one day, hrs. or min. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16009

CERTIFICATE OF DEATH.

15-11

90 E 16009

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1823 Walbrook Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Sands Miller

(a) RESIDENCE NO. 1823 Walbrook Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ghuche Kilbourne

6 DATE OF BIRTH (month, day, and year) Oct. 23. 1847

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Store tinning roofing

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Snow Hill Md

PARENTS

10 NAME OF FATHER Ezekiel Mills

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Ghuche Kilbourne

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Bertha Miller

(Address) 1823 Walbrook Ave

15 Filed ..... 19 ..... Registrar

NOV 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26

Nov. 18

17

I HEREBY CERTIFY, That I attended deceased from Aug, 19 25, to Nov 18, 19 26,

that I last saw h.. alive on Nov 17, 19 26,

and that death occurred, on the date stated above, at 3:25 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

about (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Months yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Duvall, M. D.

Nov 18, 1926 (Address) 181 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Park Cem Nov. 22 1926

20 UNDERTAKER — ADDRESS

Harry W. Ehlen W. Northern

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16010

CERTIFICATE OF DEATH.

129 E 16010

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Guttman Ave ST. 4-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Harding

(a) RESIDENCE NO. 615 Guttman Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Granville D Harding.

6 DATE OF BIRTH (month, day, and year) July 16 1863.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	64	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Thomas. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Lotta Harding.

(Address) 615 Guttman Ave

15 Filed NOV 19 1926 by C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from August. 1926. to Nov 17. 1926.

that I last saw her alive on Nov. 16. 1926.

and that death occurred, on the date stated above, at 1 00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Arterial Hypertension

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac decompensation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Potoma M. D.

, 19 (Address) 3200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Union Crm. Burtonsville Md	11-19 1926
20 UNDERTAKER	ADDRESS
George E Hirsch	Laurel Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-002 E 16011

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Johns Hopkins Hospital. ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Cook

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Exact statement of OCCUPATION should be carefully supplied. Avoid abbreviations. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 27-26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Leroy Simson

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Dorothy Cook

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant J. K. Hoerner MD
(Address) Johns Hopkins Hospital.

15 Filed NOV 19 1926, 19 G. HARRISON JONES, Registrar
Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 19 26, to Oct 30, 19 26.

that I last saw him alive on Oct. 30, 19 26

and that death occurred, on the date stated above, at 6:00 a. m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) J. K. Hoerner, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

RECEIVED NOV 22, 1926

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

UNDERTAKER

ADDRESS JOHNS HOPKINS HOSPITAL

Cor.—1-12-23—M&T—100 Blks.

E 16012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16012

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1510 N. Lawvale St., 16-7 WARD)

2-FULL NAME Edward Hilliard

(a) RESIDENCE NO. 1570 N. Lawvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Hezekiah Hilliard

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Francis Jones

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md.
(State or country)

14 Informant Ida Butler
(Address) 1510 Lawvale St

15 Filed NOV 19 1926 192 E. K. Pigott Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.
(Coroner)

, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lauderdale Cem	Nov 21 192 6
20 UNDERTAKER	ADDRESS
Joseph H. Rochester	1413 Hanover St

TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 16013

CERTIFICATE OF DEATH.

E 16013

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 6 N. Milton Ave St. 6-3 Ward)

2-FULL NAME Sarah C. Coleman

(a) RESIDENCE NO. 6 N. Milton Ave. St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1843,

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto., City
(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Coleman
11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.
12 MAIDEN NAME OF MOTHER Martha West
13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mrs. Ida Engelbrecht
(Address) 6 N. Milton ave.

15 Filed NOV 19 1926, 19 Per R.K. Registrar

EMERSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to Nov 18, 1926, that I last saw h alive on Nov 17, 1926, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Progressive Cardiac Asthenia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Edward J. Coot, M. D.
11/18, 1926 (Address) 4 E. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial
Green Mount Cem. Nov. 20 1926

20 UNDERTAKER ADDRESS
Wm. C. Black 927 N. Broadway

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 16014 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16014

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST. 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Elizabeth Lee

(a) RESIDENCE NO. 2411 N Calvert St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem'l	Wht	Widow'd

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Lee

6 DATE OF BIRTH (month, day, and year) Feb 28, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	63	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Childs Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER Rhinehardt Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Meyer Krantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Katherine May Lee

(Address) 2401 N Calvert St

15 Filed NOV 19 1926, 19.. RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1926, to Nov 18, 1926, that I last saw her alive on Nov 18, 1926, and that death occurred, on the date stated above, at 12:50 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) 12 hrs yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertensive Cardio vascular Disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/1/26

Was there an autopsy? No

What test confirmed diagnosis? Thyroid examination

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Bur

DATE OF BURIAL Nov 20 1926

20 UNDERTAKER H M Routson

ADDRESS 223 S 12 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16015

E 16015

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Springfield ave ST., Monroe St. WARD) 17-9 44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Mitchel

(a) RESIDENCE No. Springfield ave ST., Monroe St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 8 1863

7 AGE — Years: 63 | Months: 7 | Days: 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Thomas Hanson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md.

12 MAIDEN NAME OF MOTHER: Elizabeth Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Jennie Wesley

(Address): Springfield Ave.

15 Filed NOV 19 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1926, to Nov 16, 1926, that I last saw her alive on Nov 16, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach and Intestinal peritonitis

(duration) — yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Cancer

(duration) — yrs. 6 mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) G. L. Hall, M. D.

, 19 (Address) 1126 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashery Cemetery — DATE OF BURIAL: 11/20 1926

20 UNDERTAKER: M. P. G. Elliott — ADDRESS: 1727 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1-16016 DEATH

CERTIFICATE OF DEATH.

24-001 E 16016

REGISTERED NO.

City of BALTIMORE: (No. 2509 W. Fairmount Ave. St., 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline E. Shuttel

(a) RESIDENCE NO. 2509 W Fairmount St. 10th Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? 55 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William A. Shuttel

6 DATE OF BIRTH (month, day, and year): Mar 3rd 1866

7 AGE: Years 60 | Months — | Days 14 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): (State or country) Germany

PARENTS

10 NAME OF FATHER: Henry Claude

11 BIRTHPLACE OF FATHER (city or town): (State or country) Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Germany

14 Informant: Wm. R. Shuttel

(Address) 2509 W. Fairmount Ave

15 FILED NOV 19 1926 19

Registrar

NOV 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1926, to Nov 17 1926, that I last saw h[illegible] alive on Nov 16 1926, and that death occurred, on the date stated above, at 7:45 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

CONTRIBUTORY (Secondary) Arterio-Sclerosis (duration) unknown yrs. mos. ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. A. O'Neill M. D.

11/18. 1926 (Address) 10 S N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Nov 20th 1926

20 UNDERTAKER: H. B. Hilgenberg ADDRESS 850 N Bacon St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16017

CERTIFICATE OF DEATH.

90 E 16017

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4015 Dalrymple Ave., St. 15-L Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Weiner

(a) RESIDENCE NO. 4015 Dalrymple Ave., St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Weiner

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Live Stock Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 645
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Weiner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Gertrude —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Rose Weiner
(Address) 4015 Dalrymple Ave.

15 Filed NOV 9 1926, 19 — EXPENSIONS, U. S.
Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Exhaustion (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) H. A. Blake, M. D.
(Coroner)
, 19 (Address) 1143 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Washington Road	11-18 1926

20 UNDERTAKER — ADDRESS
Jack Lewis, 1439 E Balto St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16018

CERTIFICATE OF DEATH.

E 16018

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 643 W. Hoffman St. 17-2 Ward)

2-FULL NAME Rufus Morsell

(a) RESIDENCE NO. 643 W. Hoffman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Morsell

6 DATE OF BIRTH (month, day, and year) Feb. 13 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (City or town) Calvert Co. Md

(State or country)

10 NAME OF FATHER Samuel Morsell

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Berry

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Md

14 Informant Viola Morsell

(Address) 643 W. Hoffman St.

NOV 19 1926 19 C. L. [illegible] Jones M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16, 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1926, to Nov. 16, 1926

that I last saw him alive on Nov. 16, 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of July 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab. & operative

(Signed) Isidor F. Levy M. D.

Nov 19 1926 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem. Date of Burial 11/19 1926

UNDERTAKER Samuel Ettenberg ADDRESS 1078 N. Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16019

CERTIFICATE OF DEATH.

122-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3428 Belair Rd ST. 27-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob S. Markley

(a) RESIDENCE NO. 3428 Belair Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Augusta Markley

6 DATE OF BIRTH (month, day, and year) Sept 25th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel Markley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Grace A Christopher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Augusta Markley

(Address) 3428 Belair Rd

15 Filed NOV 19 1926 19 Per C. FERDINAND JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 7. 19 26 to Nov. 17 19 26

that I last saw him alive on Nov 17 19 26

and that death occurred, on the date stated above, at 10 45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver —

(duration) 7 yrs. — mos.

CONTRIBUTORY (Secondary) Carcinoma —

(duration) yrs. mos. 4 d

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J H Gray —, M. D.

18. 12 (Address) 6 E 27th St. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Cemetery Harford Road

DATE OF BURIAL Nov 20th 1926

20 UNDERTAKER George E Lathbury & Son

ADDRESS

Cor.—1-12-23—M&T—100 Bks.

E 16020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16020

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 626 W Pard (St.) 22-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Audrey Gantt

(a) RESIDENCE No. 626 W Pard St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Gantt

6 DATE OF BIRTH (month, day, and year) Oct 10 - 1878

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hairdresser
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Gantt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Clara Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frances Gantt
(Address)

Filed NOV 19 1926 C. HERBERT JONES, M.D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy, inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

HC Indigestion
Emphysema
(duration) yrs.

CONTRIBUTORY (Secondary)
(duration) yrs.

(Signed) (Coroner.)

, 192 (Address)

*State the Disease Causing Death, or in deaths from V... state (1) Means and Nature of Injury, and (2) whether ... Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran... Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mo...

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn ct — DATE O...

20 UNDERTAKER H h Brown & Son

CAUSE OF DEATH must be plainly stated, so that the ... TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16021

CERTIFICATE OF DEATH.

129 E 16021

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2799 Leeds Ave 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan R Stone

(a) RESIDENCE NO. 2799 Leeds Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5-8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: W B Stone

6 DATE OF BIRTH (month, day, and year) Sept 13/1846

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
80	2 mo	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Frederick Co Md

12 MAIDEN NAME OF MOTHER Mary A Rice

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Frederick Co Md

14 Informant: Wm B Stone

(Address) 2799 Leeds Ave

15 Filed NOV 19 1926 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18, 1926 18

17

I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1926, to Nov. 18, 1926, that I last saw her alive on Nov. 17, 1926, and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) .....yrs. .....mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis, Myocarditis, Nephritis

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J A Hinds, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Mays Hampden Date of Burial Nov. 20 1926.

20 UNDERTAKER: M E Lusson ADDRESS 844 W 37th St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16022

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Stricker ST. 14-1 WARD) 90

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Johanna R. Schlerf

(a) RESIDENCE NO. 7 S. Stricker ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carl Melchior Schlerf

6 DATE OF BIRTH (month, day, and year) Nov 28, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Buffalo
(State or country) New York

PARENTS

10 NAME OF FATHER John Mahr

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Fredrick L. Schlerf
(Address) Westminster Md

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1926, to Nov. 17, 1926, that I last saw h alive on Nov. 16, 1926, and that death occurred, on the date stated above, at 6.15 A.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) senile arterio-sclerosis and myocarditis (duration) yrs. mos. over 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Henry C. Ohler M. D.

11/18/26 19 (Address) 1207 N. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Nov 19 1926

20 UNDERTAKER Harry H. Witzke — ADDRESS 1524 W. Lombard

NOV 19 1926

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT. GE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16023

CERTIFICATE OF DEATH.

REGISTERED NO. E 16023

1-PLACE OF DEATH

City of BALTIMORE: (No. 1709 Covington St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gladys Hilda Skipper

(a) RESIDENCE NO. 1709 Covington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph E. Skipper

6 DATE OF BIRTH (month, day, and year): Aug. 25th, 1901

7 AGE: Years 25 Months 2 Days 21 If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Lawrence Lowery

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Rose Straus

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Jos. E. Skipper

(Address): 1709 Covington St.

15 Filed NOV 19 1926 Per KSL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1926, to Nov 16, 1926, that I last saw h.. alive on Nov 15, 1926, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

inoperable

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell, M. D.

Nov 17, 1926 (Address) 1646 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial 11/19/1926

20 UNDERTAKER: E. J. Fanning — ADDRESS: 1410 Gilmor St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16024

CERTIFICATE OF DEATH.

129 E 16024

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Ensor ST., 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis B. Boarman

(a) RESIDENCE NO. 1032 Ensor ST., 10 WARD

(Usual place of abode)

(If non-residents give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ the late Martha A. Boarman

6 DATE OF BIRTH (month, day, and year) June 1° 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co (State or country) Md

PARENTS

10 NAME OF FATHER Robert Boarman

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Wheeler

13 BIRTHPLACE OF MOTHER (city or town) Harford Co (State or country) Md

14 Informant Mrs. Albert D. Raine

(Address) 1032 Ensor St

15 Filed NOV 19 1926, 19 Per C. E. Perry Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1926 to Nov. 19, 1926.

that I last saw him alive on Nov. 17, 1926,

and that death occurred, on the date stated above, at Midnight m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac dilitation

(duration) not definite yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. L. Hayden, M. D.

11/19/1926 (Address) 1216 N. Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Cemetery, Long Green Balto. Co. Md — DATE OF BURIAL Nov. 22 1926

20 UNDERTAKER Henry Storck & Son — ADDRESS 130 E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16025

E 16025
1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Johnson

(a) RESIDENCE NO. 1169 E. Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (W)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Abraham Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Nancy —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records
(Address)

15 Filed NOV 19 1926 H. HARRISON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 14 1926

17

I HEREBY CERTIFY, That I attended deceased from August 23, 1926, to November 14, 1926, that I last saw h[illegible] alive on November 14, 1926, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis & Hypertension

Chronic Myocarditis & Senile Debility

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general laboratory

(Signed) R. Draper Lamb, M. D.

Nov 15 1926 Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Asbury Cemetery Nov. 19 1926

20 UNDERTAKER ADDRESS

Chas. N. Johnson 416 N. Carrollton Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 16026

E 16026

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mercy Hospital Ida Danville REGISTERED NO.

City of BALTIMORE: (No. 16 Armstrong Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Henry Hoyt~~ Henry Hoyt.

(a) RESIDENCE NO. 16 N. Frost St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3 | 15 | 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retail

(b) General nature of industry, business, or establishment in which employed (or employer) City Hall

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER Henry Hoyt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Hoyt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Mary Stickler

(Address) 16 Armstrong ave

15 Filed ..... 19..... Registrar

NOV 19 1926 C. H. Reynolds Jones M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14 19 26 to Nov 16 19 26, that I last saw h.. alive on Nov 16 19 26, and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Mottu, M. D.

. 19 (Address) Mercy Hospital City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Nov 20 1926

20 UNDERTAKER J. George L. Ruth ADDRESS 735 Hanford

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD BE CAREFUL that CAUSE OF DEATH is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16027

CERTIFICATE OF DEATH.

16-7 179 E 16027

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3821 Eastern Ave ST. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C. Schaeffer

(a) RESIDENCE No. 3821 Eastern Ave ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Schaeffer

6 DATE OF BIRTH (month, day, and year) 2 | 8 | 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rosedale Md.

PARENTS

10 NAME OF FATHER Fred Seiling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Fagels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Schaeffer

(Address) 3821 Eastern Ave

15 Filed ..... , 19 ..... Registrar

V 19 1926 For .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT IS very important See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Nov. 18, 1926, that I last saw her alive on Nov 17, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Scald foot accidental

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb R. Otley, M. D.

Nov 19, 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	11 | 22 1926
20 UNDERTAKER	ADDRESS
George J. Ruth	1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16028

E 16028

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 24 Pine Straight Ave ST., 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann V. Harvey

(a) RESIDENCE No. 24 Pine Straight Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: James E Harvey

6 DATE OF BIRTH (month, day, and year): Aug 15 1848

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: William Dryden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret Coone

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs Harvey 24 Pine Straight Ave

15 NOV 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1926, to Nov 18th, 1926, that I last saw h[illegible] alive on Nov 18th, 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno Drummond, M. D.

11/19, 1926 (Address) 846 W 36th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Patterson M Church — DATE OF BURIAL: Nov 20 1926

20 UNDERTAKER: Mt Hope Co-op Co Md — ADDRESS: A S Marshall 353 Pulaski Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16029

CERTIFICATE OF DEATH.

95-1 188-003

E 16029

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

2-FULL NAME William Beck.

(a) RESIDENCE NO. 4 Brooklyn Ave Brooklyn. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed or divorced, HUSBAND of Minnie Beck.

6 DATE OF BIRTH (month, day, and year) August 1 1858.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker. ?

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pennsylvania,

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Minnie Beck.(wife)

(Address) 4 Brooklyn Ave.Brooklyn.

V 19 1926 Filed 19 C. FAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 17, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by an automobile, lacerated right arm, gangrene, amputation, shock.
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto Reinhardt M. D.
(Coroner)

11/19 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Accident Patapsco Ave near 9th st. while walking in roadway. 11/6/26.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemtery Date of Burial Nov 20 1926

20 UNDERTAKER F. A. Wanner & Son. ADDRESS 703 Hanover

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 16030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 / E 16030

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (T.B.) St. 1942 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. Monk

(a) RESIDENCE NO. 205 S. Woodyear st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Chas. W. Monk

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Hospital Records

(Address)

15 Filed 19

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 19, 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1926 to Nov. 19, 1926,

that I last saw him alive on Nov. 19, 1926,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Flattery, M. D.

11-19-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Parkbeuters — Date of Burial: Nov. 23 1926

20 UNDERTAKER: Josiah Syfe — ADDRESS: 16 W. W. North

NOV 19 1926 C. HARPSON JONES, M.D.

tion should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly cl very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16031

CERTIFICATE OF DEATH.

E 16031

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 20-5 WARD)

2-FULL NAME Miss Elizabeth Schek

(a) RESIDENCE NO. 1917 W. Pratt St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of aug 29 - 1866

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2.	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas. F. Schek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Brueck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Miss Kate Schek 1917 W. Pratt St

15 Filed ..... 19 ..... Per ..... Registrar

C. HAMPSON JONES, [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1926, to Nov. 17, 1926, that I last saw her alive on Nov. 17, 1926, and that death occurred, on the date stated above, at 15:30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Adenocarcinoma pancreas (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 11/17/26

Was there an autopsy? No

What test confirmed diagnosis? Excision + biopsy

(Signed) J. Theron Hunter M. D.

11-17, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov-22-1926
20 UNDERTAKER Josiah Lyter	ADDRESS [illegible]

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

11 9 1926

Cor.—12-9-25—A Co.—200 lbs.

E 16032

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-001

E 16032

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James T. Crowe

(a) RESIDENCE NO. Cub Hill md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER Wm J. Crowe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose O'Neil

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Wm F. Crowe

(Address) Cub Hill md.

15 Date 19 C. F. PERSON JONES, M. D.

Registrar

Par RRR

11 1926

tion should be carefully supplied. AGE should be stated EXACTLY. Physicians about signing OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

fracture 2 3 4 5 & 6 Ribs Steam RR accident, Engine struck him while sitting on his

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) traumatic Pneumonia

(duration) yrs. mos. 5 ds.

(Signed) James M Fenton, M. D.

(Coroner)

11. 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 7 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

X Maryland Penn. R.R. at 34th St.

Former or usual residence Cub Hill Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Nov. 20 '26

20 UNDERTAKER Martin Fahey & Sons. ADDRESS W. Pratt Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16033

CERTIFICATE OF DEATH.

16-4 129

E 16033

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1036 N. Bentalou. St. 16-4 Ward)

2-FULL NAME Laura V. Diven.

(a) RESIDENCE NO. 1036 N. Bentalou. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank M. Diven.

6 DATE OF BIRTH (month, day, and year): Jan, 12, 1860.

7 AGE: Years 66 Months 10. Days 29 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 37

(b) General nature of industry, business, or establishment in which employed (or employer): At Home. 0

(c) Name of employer

9 BIRTHPLACE (city or town): Westminister, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Samuel Schultz.

11 BIRTHPLACE OF FATHER (city or town): Dont know.

(State or country)

12 MAIDEN NAME OF MOTHER ------- Long.

13 BIRTHPLACE OF MOTHER (city or town): Dont know.

(State or country)

14 Informant: Mary Shanks.

(Address) 1036 N. Bentalou.

15 Date NOV 19 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Nov 18, 1926, that I last saw her alive on Nov 17, 1926, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) 1 yrs. 6 mos. 35 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 2 yrs. ___ mos. ___ ds.

18 Where was disease contracted (if not at place of death)? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Hampson Jones M. D.

11-19-1926 (Address) 1 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. Date of Burial Nov 20 1926

20 UNDERTAKER: A. Leonard Evans ADDRESS 38 E Fort Ave

tion should be carefully supplied. AGE should be stated EXACTLY. The questions should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 16034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Gorsuch Avenue ST. 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine G. Spence

(a) RESIDENCE NO. 605 Gorsuch Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 6 mos. 11 ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Selby Spence

6 DATE OF BIRTH (month, day, and year) May 7, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George F. Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Ellen Mary Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant John S. Spence

(Address) 605 Gorsuch Avenue

15 Filed NOV 19 1926 C. HARPSON JONES, M. D. Registrar

For RRP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18/26

17

I HEREBY CERTIFY, That I attended deceased from 10/31, 1926, to 11/18, 1926,

that I last saw h[illegible] alive on 11/18/26, 19

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr Hypertension

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Bernard Fenz, M. D.

11/19/26 (Address) 910 W. Mt'd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	11/20 19 26
20 UNDERTAKER Henry H. Meare & Son	ADDRESS 805 N. Calvert St.

mation should be carefully supplied. Exact statement of OCCUPATION may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—12-9-25—A Co.—200 Bks.

E 16035

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 16035

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2107 Linden Ave. 13-6 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emanuel W. Heller

(a) RESIDENCE NO. 2107 Linden Ave. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) March 1, 1858.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Mayer's Agent

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Woodstock, Va.

(State or country)

PARENTS

10 NAME OF FATHER Herman Heller

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Theresa Wise

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany.

14 Informant Mrs Isaac Sachs

(Address) 2107 Linden Ave

15 Filed _____, 19__ C. PARSON JONES, M. D. Registrar

NOV 19 1926 Per _____

tion should be carefully supplied. AGE should be stated in every case. OCCUPATION should be clearly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18/1926.

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov 18, 1926;

that I last saw h.. alive on Nov 18, 1926,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis - (see other side)

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) edema of lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) J Frederick Lentz, M. D.

Nov 19 1926 (Address) Temple Harden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Bnai B. Hebrew Cem.	11/21/1926.

20 UNDERTAKER	ADDRESS
Ward Sondheim	115-30 W. Mt. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16036

CERTIFICATE OF DEATH.

74001

E 16036

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No._____ St. 41 Ward)

2-FULL NAME James Orrick

(a) RESIDENCE NO. 770 Hanover Ann St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Missionary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia

(State or country) Penna

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant City Hospital Records

(Address)

Filed NOV 19 1926 C. KAUFFMAN Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 15 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 15, 1926, that I last saw h[illegible] alive on November 14, 1926, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis 2 Hypertension

Broncheal Left Hemiplegia (Chronic)

(duration) yrs. mos. ds.

CONTRIBUTORY Cerebral Hemorrhage

(Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal & Laboratory

(Signed) G. Draper Smith, M. D.

Nov 16 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

Date of Burial 11/20 1926

20 UNDERTAKER J. F. Pakenham

ADDRESS 1318 Light St

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. If DEATH occurred within one day after birth, the number of HOURS or MINUTES should be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 16037

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16037

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Bon Secours Hospital 25-11 REGISTERED NO. 77

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Katherine Griffin

(a) RESIDENCE NO. 124 Cypress St ST., ... WARD .....
(Usual place of abode) Curtis Bay Md
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Michael Griffin

6 DATE OF BIRTH (month, day, and year) April 18, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER John Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Michael Griffin
(Address) 124 Cypress St. Curtis Bay

15 Filed ..... 19 ..... C. H. THOMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1926, to Nov. 17, 1926, that I last saw her alive on Nov. 17, 1926, and that death occurred, on the date stated above, at 9.40 A m.

The CAUSE OF DEATH* was as follows:

Acute Mania

Hist. duration ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Acidosis (duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Nov. 19 26

20 UNDERTAKER Margaret S. Flynn ADDRESS 1400 N Eutaw St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important.

Nov 19 1926

Spec.—1-10-21—M&T—1500 Bks.

E 16038 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16038

CERTIFICATE OF DEATH.

REGISTERED NO. 100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Whoxington ST. 18-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Brown

(a) RESIDENCE NO. 1114 Whoxington ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or ~~WIFE of~~ Stella Brown

6 DATE OF BIRTH (month, day, and year) - - 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	50	-	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) 025

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Abram Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va Richmond

12 MAIDEN NAME OF MOTHER Henrietta Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Stella Brown (Address) 1114 Whoxington

15 Filed NOV 20 1926 19 C. HAMPSON JONES, M. D. Registrar

Per RCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926, to Nov. 16, 1926, that I last saw him alive on Nov. 16, 1926, and that death occurred, on the date stated above, at 3.25 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) W. S. Howells, M. D.

11/17/26 (Address) 1127 Arrowlow Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Nov 20th 1926

20 UNDERTAKER A. Jones ADDRESS 1145 Edmondson

Exact statement of occupation should be carefully supplied. Also, whether it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 16039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16039

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Huntingdon Ave ST. 12-V6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Muffoletto

(Residence in Baltimore: No. 2217 Huntingdon Ave St.; ....yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH, November 14th (Month) (Day), 1926 (Year)

7-AGE, ...yrs. 5 mos. ....ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ....
(b) General nature of industry, business, or establishment in which employed (or employer) ....

9-BIRTHPLACE, (State or Country), Baltimore Maryland

PARENTS.

10-NAME OF FATHER, Robert Muffoletto

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Rose Detorio

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Robt Muffoletto

(Address) 2217 Huntingdon Ave.

15-

Filed ....., 191.... Registrar.

20 1926 C. E. [illegible] M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 19th (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 14th 1926, to Nov 19th 1926, that I saw him alive on Nov 19th 1926, and that death occurred, on the date stated above, at 7:50 P.m.

The CAUSE OF DEATH* was as follows:

Premature Infant

(six months)

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) L. B. Mezzanotte M. D.

11/19 26, 191... (Address) 1901 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19-PLACE OF BURIAL OR REMOVAL, St Vincent Cem DATE OF BURIAL, Nov 21, 1926

20-UNDERTAKER A. J. Marshall ADDRESS 2539 Talbot Rd

important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16040

CERTIFICATE OF DEATH.

E 16040

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO. 26-7 74001

City of BALTIMORE: (No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Lighter

(a) RESIDENCE NO. 220 Graceland Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Lighter

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

NOV 20 1926 19 Per C. HARPER JONES, M.D. RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18 1926

17

I HEREBY CERTIFY, That I attended deceased from November 12, 1926, to November 18, 1926, that I last saw him alive on November 18, 1926, and that death occurred, on the date stated above, at 12 15 P m.

The CAUSE OF DEATH* was as follows:

Hypertension, Arterial Sclerosis
Cerebral Left Hemiplegia Hemorrhage

(duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) .....yrs. .....mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Nov 19 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Date of Burial Nov 21 1926

20 UNDERTAKER H. Cook ADDRESS 32 E Lafayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

Dr. Magnus 14 E Read St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16041

57 E 16041

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 624 N. Streeper St., 73 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Mergl

(a) RESIDENCE NO. 624 N. Streeper St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Mergl.

6 DATE OF BIRTH (month, day, and year): Nov. 1845

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Bohemia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Bohemia

14 Informant: Frank Mergl.

(Address): 624 N Streeper St

15 Filed 12 1926 By RRH Registrar

C. F. R. 1926 Jan. 1

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19 1926

17

I HEREBY CERTIFY, That I attended deceased from June 15 1925 to Nov-19- 1926

that I last saw h.. alive on Nov-19 1926

and that death occurred, on the date stated above, at 8.45 A.m.

The CAUSE OF DEATH was as follows:

Diabetes Mellitus.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Morris H Magnus, M. D.

11.19, 1926 (Address) 14 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Nov 22 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 507 E Baltimore

IMPORTANT: Be sure that the statements are properly classified. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. See Instructions on back of certificate. Items of very important.

Spec.—1-10 21—M&T—1500 Bks.

E 16042 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16042

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Rutland Ave + Monument ST., 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Benjamin Lintz

(a) RESIDENCE NO. Phoenix, Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C Lintz

6 DATE OF BIRTH (month, day, and year) Feb 24, 1873

7 AGE Years 53 Months 8 Days 25 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Lintz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizzie Walter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs Anna C Lintz

(Address) Phoenix, Md

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-1, 1926, to 11-18, 1926,

that I last saw him alive on 11-18, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Malignancy of urinary passages

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical symptoms

(Signed) A. Victor Lilly, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jacksonville, Md DATE OF BURIAL Nov 21 1926

20 UNDERTAKER J. M. Cook ADDRESS 707 E Monument

MARK SHOWING WHERE CERTIFICATE IS FILED

NOV 20 1926

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXPLANATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 16043

HEALTH DEPARTMENT—CITY OF BALTIMORE

Dr Glantz Entered from Clinton St

CERTIFICATE OF DEATH.

E 16043

REGISTERED NO. 5 13

1-PLACE OF DEATH

City of BALTIMORE: (No. 510 E Clinton St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosie E Beevers

(a) RESIDENCE NO. 510 E. Clinton St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Beevers

6 DATE OF BIRTH (month, day, and year): Sept 17, 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Michael Trentlein

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Link

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: William Beevers

(Address): 510 E. Clinton St

Filed: 20 1926 19 C. FRANKLIN JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1921, to Nov. 18, 1926, that I last saw h.. alive on Nov. 18, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Uremia - Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cyanosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Dec. 8-1923

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) Francis A. Glantz, M. D.

Nov. 18, 1926 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial Nov 22 19..

20 UNDERTAKER: W. M. Cook — ADDRESS 502 E Monument

OF DEATH in plain terms, so that it may be properly classified. EARLY statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16044

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland ST. 6 WARD)

REGISTERED NO. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie F. Todd

(a) RESIDENCE NO. 126 N. Patterson Park Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Todd Wm F.

6 DATE OF BIRTH (month, day, and year) Aug 14/1866.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or min.
	60	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Patrick Jaff

11 BIRTHPLACE OF FATHER (city or town) Dublin (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McFadden

13 BIRTHPLACE OF MOTHER (city or town) Dublin (State or country) Ireland

14 Informant G. Melvin Todd

(Address) 3205 Elgin Ave.

15 Filed NOV 20 1926 C. THOMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/4, 1926, to 11/18, 1926,

that I last saw her alive on 11/18, 1926,

and that death occurred, on the date stated above, at 10:13 P. m.

The CAUSE OF DEATH* was as follows:

Chronic cholecystitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 11/3/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Benjamin Miller M. D.

11/18, 1926 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Odonnell St. United Evangelical Cem. — DATE OF BURIAL 11/22/ 1926

20 UNDERTAKER J. Walter Davis — ADDRESS 3507 Paine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BAL[illegible]E

E 16045

CERTIFICATE OF DEATH.

118-001

E 16045

1-PLACE OF DEATH South Balt Gen Hospital

City of BALTIMORE: (No. 1213 Light St., 7-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. John Brown

(a) RESIDENCE NO. 1229 Ashland Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Brown

6 DATE OF BIRTH (month, day, and year): Jan 29 - 1893

7 AGE: Years 33 | Months 9 | Days 17 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): 004

(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town): [illegible]

(State or country)

PARENTS

10 NAME OF FATHER: Andrew C. Brown

11 BIRTHPLACE OF FATHER (city or town): [illegible]

(State or country)

12 MAIDEN NAME OF MOTHER: Mary E. Moore

13 BIRTHPLACE OF MOTHER (city or town): [illegible]

(State or country)

14 Informant: Andrew C. Brown

(Address) 1229 Ashland ave.

15 Filed [illegible] 19[illegible] C. HARRISON [illegible] Registrar

NOV 20 1926 Par [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1926, to Nov 17, 1926, that I last saw h[illegible] alive on Nov 17, 1926, and that death occurred, on the date stated above, at 7:05 p.m.

The CAUSE OF DEATH* was as follows:

Post Operative Lobar pneumonia

(duration) .....yrs. .....mos. 16 ds.

CONTRIBUTORY (Secondary): (Over)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Yes Date of 10/25/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. S. Harding, M. D.

, 19 (Address) South Balt Gen Hos 1213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem. Date of Burial Nov. 20 1926

20 UNDERTAKER: Chas. H. Johnson ADDRESS 46 N. Cooke St.

OF DEATH in plain terms, so that it may be properly classified. Fill in all items. Every item is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16046

CERTIFICATE OF DEATH.

E 16046

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals, 76-8 Ward)

2-FULL NAME Charles E. Christman

(a) RESIDENCE NO. 1017 S 2nd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	6	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Edward A Christman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Stoever

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Emma Stoever

(Address) 3411 E Monument

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base of Skull by fall about 25 feet from top of wall around Public School for 2nd & Fait ave (duration) ..yrs. ..mos. 3 hrs

CONTRIBUTORY (Secondary) was playing on top of wall after School hours (duration) ..yrs. ..mos. ..ds.

(Signed) James M Fenton M. D.
(Coroner)

11. 20 1926 (Address) your chamber

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..yrs. ..mos. 2 dys In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? Fait ave & 2nd ave

Former or usual residence 1017 S 2nd ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews cem — Date of Burial Nov 22 1926

20 UNDERTAKER Zurhellen & Zurhellen — ADDRESS 1739 E Eager st

OF DEATH In plain terms, so that it may be properly coded. Every item is very important. See instructions on back of certificate.

0 1926 C. E. [illegible]

Pat RRR

Cor.—1-12-23—M&T—100 Bks.

E 16047 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16047

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S High ST., 3-1 WARD) REGISTERED NO. 202

(If death occurred in a hospital or institution, give NAME instead of street number and fill out No. 18.)

2-FULL NAME John Schultz

(a) RESIDENCE NO. 25 S High ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) Nov 14 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	0	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER, Frank Schultz

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Katie Bifshank

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mary Lampe
(Address) 3 N K Broadway

15 Filed NOV 20 1926, 192 E. RAMPSON JONES, M. D.
Per RKW Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 192

17 I HEREBY CERTIFY, That I took charge of remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to d on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism
on Chronic

(duration) yrs. mos. 14

CONTRIBUTORY (Secondary) Fracture nose + Shock
from fall 7 hours (duration) yrs. mos.

(Signed) John M Kenlon, M.
(Coroner.)

Nov 15, 1926 (Address) Love Lane

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., d

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Prov	192

20 UNDERTAKER	ADDRESS
Wm Cook	Toleston

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co—200 Bks.

E 16048

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16048

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Garden Theatre or on bay between Mont St., 54 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Wagner

(a) RESIDENCE NO. 327 Gay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Wagner

6 DATE OF BIRTH (month, day, and year) May 27, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Photographer

(b) General nature of industry, business, or establishment in which employed (or employer) 806

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Jno. F. Wagner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER G. Shaffer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant H. A. Wagner

(Address) 327 N. Gay St

15 Filed ....., 19..... Registrar

V20 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valv dis. heart

Sudden (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Kelly M. D.

(Corner)

Nov. 19 1926 (Address) 1637 Aisquith

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

Date of Burial Nov 22 1926

20 UNDERTAKER Henry Kessler & Son Inc

ADDRESS 1710 Fleet St.

OF DEATH in plain terms, so that it may be properly classified. Fill out every item of certificate. very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16049

46 E 16049

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Georgian Court Apt 4-2 St. _____ Ward)

2-FULL NAME Sophia Federer

(a) RESIDENCE NO. Georgian Court Apt St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Federer

6 DATE OF BIRTH (month, day, and year) Oct 10/1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	71	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

PARENTS

9 BIRTHPLACE (city or town) _____ (State or country) Germany

10 NAME OF FATHER Gabriel Jordan

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Kuster

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Germany

14 Informant Mrs Gustav Roth

(Address) Georgian Court Apt.

15 Filed _____, 19____ C. PARKINSON JONES _____ Registrar

Per _____

OCT 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1926

17

I HEREBY CERTIFY, That I attended deceased from May, 1922, to Nov 18, 1926, that I last saw h__ alive on Nov. 18, 1926 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

carcinoma of uterus.

(duration) 3 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ___ yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Arnold Wechsler M. D.

, 19 (Address) 1810 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park Cemetery	Nov 20/1926
20 UNDERTAKER	**ADDRESS**
J. Ahearn & Co	331 Penitentiary Pl.

OF DEATH in plain terms, so that it may be properly classified. Use very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

(Wietrzykowski)

E 16050

HEALTH DEPARTMENT—CITY OF BALTIMORE E 16050

CERTIFICATE OF DEATH.

132

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 1-1 WARD)

2-FULL NAME Catherine Wietrzykowski

(a) RESIDENCE NO. 219 S-Macleria ST., City WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

6 DATE OF BIRTH (month, day, and year) Nov 30 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42 43		11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 2 0 1926 C. HARRISON JONES, M.D.

Registrar

Per RCS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1926, to Dec 19, 1926, that I last saw h alive on Dec 19, 1926, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Nephrolithiasis and Pyelo-nephritis

(duration) many yrs. mos ds.

CONTRIBUTORY (Secondary) Pyonephrosis

(duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray, Operation and Culture.

(Signed) Raymond H. Janier M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL H Hospitals Cem

DATE OF BURIAL Nov 28 1926

20 UNDERTAKER John M Weber

ADDRESS 1803 Bank St

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16051

E 16051

CERTIFICATE OF DEATH.

74-006

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2116 Eastland ave St., _____ Ward)

2-FULL NAME Joseph F. Kozlowsky

(a) RESIDENCE NO. 2116 Eastland ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 40 yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kozlowsky

6 DATE OF BIRTH (month, day, and year) Jan 9 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cobbler

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Frank Kozlowsky

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Dot Kroon

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Bohemia

14 Informant Mary Kozlowsky

(Address) 2116 Eastland ave

15 Filed Nov 20 1926 C. FRANCIS JAMES Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1926, to Nov 18, 1926, that I last saw h__ alive on Nov 15, 1926, and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Hemorrhage

(duration) ____ yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Microscopic

(Signed) William A. Glover, M. D.

(Address) 201 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial Nov 22 1926

20 UNDERTAKER Frank Ecker & Son — ADDRESS 1916 Eastland

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

1976 06

HEALTH DEPARTMENT—CITY OF BALTIMORE

1976 E 16052 — CERTIFICATE OF DEATH. — X 49 E 16052

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 7-1 WARD)

2-FULL NAME Helen Greenblatt

(a) RESIDENCE NO. 211 W - 101 St ST., New WARD York

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 21 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N - Y -

PARENTS

10 NAME OF FATHER Max Greenblatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) N - Y

12 MAIDEN NAME OF MOTHER Lena Finer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N - Y

14 Informant Friends - (Address) JOHNS HOPKINS HOSPITAL

15 Filed NOV 20 1926 G. E. THOMPSON, JOHNS HOPKINS HOSPITAL, M. D. Registrar per CRW

CAUSE OF DEATH in plain terms. So that a definite and unmistakable meaning may be given. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1926, to Nov 19, 1926, that I last saw her alive on Nov 19, 1926, and that death occurred, on the date stated above, at 5 10 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Glioma Malignant

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? Yes Date of 11/19/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) George G. Finney, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York City — DATE OF BURIAL 11/20 19 26

20 UNDERTAKER Jack Lewis — ADDRESS 1429 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

E 16053 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 16053

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: Morgan St Nr Mountain (Ward)

2-FULL NAME Howard L. Riley

(a) RESIDENCE NO. Morgan St Nr Mountain Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Riley

6 DATE OF BIRTH (month, day, and year): Jan. 31- 1898

7 AGE: Years 28; Months 9 10; Days 17 18; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER: Joseph Riley Sr

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Edie Riley

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Joseph Riley

(Address) Morgan St Nr Mountain

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-18-1926

17

I HEREBY CERTIFY, That I attended deceased from 11-16-, 1926, to 11-18-, 1926

that I last saw h— alive on 11-18-, 1926

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Gout,

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted

If not at place of death]

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hayden A Dorsey, M. D.

, 19 (Address) 1417 Mott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — Date of Burial 11/20 1926

20 UNDERTAKER: Samuel W Wesley — ADDRESS 538 McCulloh

NOV 20 1926

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 16054 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16054

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Wilton Ave ST. 27-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Alexia Young

(a) RESIDENCE NO. 504 Wilton ST., Ave. WARD 27
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~or Wife of~~ Robert E Young

6 DATE OF BIRTH (month, day, and year) 1880 Sept 11

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

037

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore County

10 NAME OF FATHER Chas T. Herdeston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford County

12 MAIDEN NAME OF MOTHER Amelia Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto County

14 Informant Mrs. Ella Wilson

(Address) White Hall Md

C. H. WILSON CO., Inc.

20 1926 19 Per CPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1926, to Mar 19, 1926, that I last saw h alive on Mar 18, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver, stomach and intestines

(duration) 2+ yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E E Bishop M. D.

Mar 21 1926 (Address) 501 Sheridan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wesley Chapel	Mar 21 1926
20 UNDERTAKER	ADDRESS
Wm E Brooks	Sparks Md

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16055 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16055

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Loudon Ave. St. 16-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Girl Nolan

(a) Residence No. 1014 Hicken St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 11-15-26

7-AGE. yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Baby
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Charles Nolan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Helen Dean

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Virginia

14- (Informant).
(Address).

15- Filed 0804 2 07 1926 C. HAMPSON JONES, M. D. Registrar. Per RKH

instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11 18 26

17- I HEREBY CERTIFY, That I attended deceased from 11-15 1926 to 11-15 1926 that I last saw he alive on 11-16 1926 and that death occurred, on the date stated above, at 2 45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (28 wk.)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eva F. Lodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL, NOV 20 1926

20-UNDERTAKER. ADDRESS

Commissioner of Health.

Per WM. S. NOWELL

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16056 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16056

CERTIFICATE OF DEATH. 161-002

1-PLACE OF DEATH University Hospital Registered No.....

City of BALTIMORE; (No. Lanvale & Green St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Boy Worley

(a) Residence No. 1113 Woodbey St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 11-16-26

7-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1/2 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Baby

(b) General nature of industry, business, or establishment in which employed (or employer)..... /

(c) Name of employer..... /

9-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. John Worley

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Ruth Barratt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Pennsylvania

14- (Informant)..... (Address).....

15- Filed 2 0 1926 C. HAMPSON GIBBS, M. D. Registrar. By Exs

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11-16-26

17- I HEREBY CERTIFY, That I attended deceased from 11-16 1926 to 11-16 1926

that I last saw him alive on 11-16 1926

and that death occurred, on the date stated above, at 11 53 P. m.

The CAUSE OF DEATH* was as follows:

Prolonged labor
Posterior position

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital atelectasia (Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Era F. Dodge M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL, ..., 1926

20-UNDERTAKER. Commissioner Health.

ADDRESS .....

per Wm. E. Woodall

In giving information see instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16057

E 16057

38

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infants ST., [illegible] WARD)

2-FULL NAME Mary Virginia Baker

(a) RESIDENCE NO. St. Vincents Inf. Asy. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1926 - 5 - 7

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Sykesville, Md.
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant .....
(Address) .....

15 Filed 0802 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1926, to Nov. 19, 1926,
that I last saw her alive on Nov. 19, 1926,
and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Three + Syphilis.

(Signed) Walter C Bacon, M. D.

11/19/26 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS

Commissioner Health.

CAUSE OF DEATH must be entered by physician. See instructions on back of certificates. TION is very important.

NOV 20 1926 C. ... Jones, M. D. Registrar

Spec.—12-9-25—A Co.—200 Bks.

E 16058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16058

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1314 E Monument St. 10-2 Ward)

2-FULL NAME Hersay Lee

(a) RESIDENCE NO. 1314 E Monument St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Emma Lee Gray

6 DATE OF BIRTH (month, day, and year): Sept 29 1880

7 AGE — Years: 46 — Months: 1 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town): Unk

(State or country)

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town): Unk

(State or country)

14 Informant: Emma Gray Lee

(Address) 1314 E Monument St

Filed NOV 20 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1926, to Nov 19, 1926, that I last saw h.e.was alive on Nov 19, 1926, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

Chronic Valvular disease

(duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (Secondary) .....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death? Unk

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W H Allen, M. D.

(Address) 508 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harrisburgh Pa — Date of Burial: Nov 22 1926

20 UNDERTAKER: Robert E Williams — ADDRESS: 1515 Pa Ave

OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

16059 (Jezierski) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16059

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Jezierski

(a) RESIDENCE NO. 2604 Frait Ave ST. Balto WARD 2nd

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/23/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
6 Days			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER Alex Jezierski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Agnes Christ

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Parents (Address) JOHNS HOPKINS HOSPITAL

15 Filed Nov 20 1926 C. FRANCIS JONES, M. D. Registrar Per CFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 19, 1926, to Nov 19, 1926,

that I last saw h[illegible] alive on Nov 19, 1926,

and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thomas W. Compton, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Nov. 20 1926.

20 UNDERTAKER W. J. Sadowski ADDRESS 1705 E. Lanvale St

TION is very important See instructions on

20 1926

Spec.—12-9-25—A Co.—200 Blks.

E 16060

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 16060

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St., 76-7 Ward)

2-FULL NAME Joe Williams

(a) RESIDENCE NO. _____ St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer) O

(c) Name of employer O

9 BIRTHPLACE (city or town) _____

(State or country) Florida

PARENTS

10 NAME OF FATHER Sonnie Williams

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Florida

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) ?

14 Informant City Hospital Records

(Address)

Filed _____ 19 _____ Registrar

C. EMPSON JONES, M. D.

DEC 20 1925.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 16 1926

17

I HEREBY CERTIFY, That I attended deceased from November 10 19 26, to November 16 19 26,

that I last saw him alive on November 16, 19 26,

and that death occurred, on the date stated above, at 2.50 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ___ yrs. ___ mos. 8 ds.

CONTRIBUTORY _____

(Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Nov , 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cem	11/20/ 1926
20 UNDERTAKER John Baker & Sons	ADDRESS 1318 Light St

OF DEATH in plain terms, so that it may be of certificates. very important. See instructions on back of

Spec.—1-10-21—M&T—1500 Blks.

E 16061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16061

CERTIFICATE OF DEATH.

57

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 John ST. 14-7 WARD)

2-FULL NAME Frances V. Gisriel.

(a) RESIDENCE NO. 1434 John ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph F. Gisriel.

6 DATE OF BIRTH (month, day, and year) Jan. 29, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Lawrence Mooney

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Julia Quinn

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant John H. Mooney. 2806 Mis Ave
(Address)

15 Filed C. P. JOHNSON JONES, M. D. Registrar
NOV 28 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18, 1926

17

I HEREBY CERTIFY, That I attended deceased from November 13, 1926, to November 18, 1926,

that I last saw h alive on November 17, 1926,

and that death occurred, on the date stated above, at 7.9 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Bronchitis.

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary —

(Signed) Herman T. Freeman, M. D.

, 19 (Address) 6 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov. 22 1926
20 UNDERTAKER	ADDRESS
Martin Fabry & Sons.	1827 W. Mt. Ave.

CAUSE OF DEATH must be filled in plainly. See instructions on back of certificates.
TION is very important.

Spec.—1-12-23—M&T—500 Blks.

E 16062

HEALTH DEPARTMENT—CITY OF BALTIMORE 16062

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3605 Reisterstown Rd ST., 15-3 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Ellenson

(a) RESIDENCE No. 3605 Reisterstown Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 5-1913

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jacob Ellenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Gitelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Ellenson

(Address) 3605 Reisterstown Rd

15 Filed NOV 21 1926 19 ... Registrar

TION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Nov. 19, 1926.

that I last saw him alive on Nov. 18, 1926

and that death occurred, on the date stated above, at 8-P m

The CAUSE OF DEATH* was as follows:

Rheumatic Heart Disease

Mitral Stenosis & Incompetency

Several years

(duration) yrs. mos ds

CONTRIBUTORY (Secondary) Pulmonary Embolism

Death practically immediate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Allen Brooman M. D.

, 19 (Address) 2346 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nelson Mash Road	11/21 1926
20 UNDERTAKER Jacob Lewis 1435 E	ADDRESS East

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16063

CERTIFICATE OF DEATH.

117 E 16063

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 97-12 WARD)

2-FULL NAME Herman Gleitsman

(a) RESIDENCE NO. 61 E. Eichelberger ST. WARD Hamilton

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Gleitsman

6 DATE OF BIRTH (month, day, and year) Oct 7th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... brs. or ... min.
	58	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

045

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER William Gleitsman

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Teufel

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Germany

14 Informant Mrs. Margaret A. Gleitsman (Address) 51 E. Eichelberger Ave. Hamilton

15 Filed ..., 19... Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/6, 1926, to 11/19, 1926, that I last saw h(er) alive on 11/19, 1926, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/16/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Philip Jacobson M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov. 22 19 26
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son	Pikesville

CAUSE OF DEATH If plain (illegible) TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 16064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 16064

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 413 N. Hoffman St. Ward 11-1)

2-FULL NAME Mattie Watson

(a) RESIDENCE NO. 413 N. Hoffman St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hugh S. Watson

6 DATE OF BIRTH (month, day, and year): Feb. 28 - 1849

7 AGE: Years 77 | Months 8 | Days 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Staunton Va

(State or country)

PARENTS

10 NAME OF FATHER: Mrs. Ware

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Ellen Brown

(Address) 415 N. Hoffman St

15 Filed NOV 21 1926 Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: 11/18

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1926, to Nov. 18, 1926, that I last saw h.. alive on Nov. 18, 1926, and that death occurred, on the date stated above, at 6:30 P.m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis about 9 mos.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

11/20 1926 (Address) 1019 Druid Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. — Date of Burial 11/21 1926

20 UNDERTAKER: Samuel Hensley — ADDRESS 578 N. Eutaw

OF DEATH in part (15), or the whole of (16), (17) and (18) is required in all certificates. very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16665

CERTIFICATE OF DEATH.

100 E 16065

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Durham ST. 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Paul Edward Hill

RESIDENCE NO. 424 N. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ---

(b) General nature of industry, business, or establishment in which employed (or employer) ---

(c) Name of employer ---

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Moses Hill

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Annie Schofield

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Grandma Schofield
(Address) 424 N. Durham

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-18, 1926, to 11-19, 1926.

that I last saw h— alive on 11-19, 1926,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Toxemia - Enteritis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? Date of ---

Was there an autopsy? ---

What test confirmed diagnosis? ---

(Signed) W. L. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	11/21/1926
20 UNDERTAKER	ADDRESS
Mrs. P. G. Elliott	1125 Oakland Ave.

TION IS very important. See instructions

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16066

CERTIFICATE OF DEATH.

129 E 16066

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 E Madison ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen L Kane

(a) RESIDENCE NO. 1635 E Madison ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John W. Kane

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	Approx 46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER Thomas W Young

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mamie McCoy

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant (Address) Wilbert Kane 1225 Madison st

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 4, 1926, to Nov 18, 1926,

that I last saw h alive on Nov 18, 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis
unknown
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Severe Bronchitis
(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R L Young, M. D.

11/20 1926 (Address) 1421 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery.	11/21/26
20 UNDERTAKER	ADDRESS
Mrs R. A. Elliott	1725 Ashland Ave

TION is very important. See instructions on back of certificate.

NOV 21 1926 C. HARRISON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16067

CERTIFICATE OF DEATH.

6-B 113

E 16067 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 19 N. Kenwood St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Anne De Kouzan

(a) Residence No. 19 N. Kenwood Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) April 17th 1926

7-AGE. — yrs. 7 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. Edward de Kouzan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Anne T. Holland

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto. Md

14- (Informant) Edward de Kouzan

(Address) 19 N. Kenwood Ave

15- Filed NOV 21 1926 C. EARNEST JONES, M.D. Registrar.

Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 20-26

17- I HEREBY CERTIFY, That I attended deceased from Nov 15 1926 to Nov 20 1926

that I last saw h[illegible] alive on Nov 20 1926

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(Duration) yrs. mos. 6 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. Mitchell M. D.

11/21, 1926 (Address) 1299 Hilliard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Stanislaus

DATE OF BURIAL. Nov 22 1926

20-UNDERTAKER. Frank V. Pipitone

ADDRESS 2818 E Baltimore

Spec.—12-9-25—A Co.—200 Bks.

E16068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E16068

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2060 Woodberry Ave St., 13 Ward)

2-FULL NAME Harvey C. Shriner

(a) RESIDENCE NO. 2060 Woodberry Ave St. 13 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Virginia F. Shriner

6 DATE OF BIRTH (month, day, and year) July 15-1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Second hand do

(b) General nature of industry, business, or establishment in which employed (or employer) do do

(c) Name of employer Mt. Vernon Woolberry Mills

9 BIRTHPLACE (city or town)

(State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Isaac Shriner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ellen Valentine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs. Virginia F. Shriner

(Address) 2060 Woodberry Ave.

15 Filed 19 Registrar

Per:

21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1926.

17

I HEREBY CERTIFY, That I attended deceased from June 16, 1926, to Nov 19, 1926, that I last saw h... alive on Nov 18, 1926, and that death occurred, on the date stated above, at 8 40 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Valvular Disease of Heart

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Fatty Cranial Degeneration Left Hemiplegia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) E. B. Norment, M. D.

11-19-1926 (Address) 3343 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — Date of Burial Nov. 22 1926

20 UNDERTAKER Horace H. Burgee — ADDRESS 331 Falls Road

OF DEATH in plain language, often the cause stated will not express disease, but the mode of dying, as cancer, stroke, or dropsy, which is the disease causing death, or what complication of diseases caused death. See instructions on back of certificate. very important.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16069

CERTIFICATE OF DEATH.

11-1 90 E 16069

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Women Home ST.: WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah McBride

(a) RESIDENCE. NO. 1400 N Lexington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 4, 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tyrone Ireland

PARENTS

10 NAME OF FATHER Robert McBride

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah McKeever

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Ella J. Jones
(Address) 1400 N Lexington St

15 Filed ..... 19..... Registrar

NOV 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov 20, 1926, that I last saw h alive on Nov 17, 1926, and that death occurred, on the date stated above, at 2:00 P.M.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J Norwood, M. D.

19 Address 1400 N Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	Nov 22 1926

20 UNDERTAKER George J Smith ADDRESS 153L Hollins

TION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16070

CERTIFICATE OF DEATH.

161-001 E 16070

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N Carlle ST.; 7th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Schultz

(Residence in Baltimore: No. 909 N Carlle St ; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, 11 (Month) 19 (Day), 76 (Year)

7-AGE, ...yrs. ....mos. 12 hours, ...ds.

If LESS than 1 day, 12 hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Md.

PARENTS.

10-NAME OF FATHER, Geo C Schultz

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Catherine Doenteley

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs R Winkler

(Address) 909 N Carlle

15-

Filed ....., 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11 (Month) 19 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-19 1926, to 11-20 1926, that I saw h[illegible] alive on 11-19 1926 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Coma

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Endocarditis Warty

(Duration) ....yrs. ....mos. ....ds.

(Signed) J Ritchie Dwyer M. D.

11-20-, 1926 (Address) 901 N Smith Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer — DATE OF BURIAL, 11-22-, 1926

20-UNDERTAKER Geo M Fuss & Son — ADDRESS Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16071

90 E 16071

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 935 Ridgely St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Bentz

(a) RESIDENCE NO. 935 Ridgely St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. H. W. Bentz

6 DATE OF BIRTH (month, day, and year): April 12 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer: at home

9 BIRTHPLACE (city or town)

(State or country): Maryland.

PARENTS

10 NAME OF FATHER: James Sowers

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Frances Allen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va.

14 Informant: James G Bentz

(Address): 935 Ridgely St

Filed NOV 21 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-19-1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1926, to Nov 19, 1926, that I last saw h... alive on Nov 18, 1926, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted: —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) N. H. Campbell M. D.

Nov 20 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Frederick Md — Date of Burial 11-22-1926

20 UNDERTAKER: E & B Harlan — ADDRESS 115 E West St

Of the items on page 1 hereof, those in italics are very important. See instructions on back of certificates.

Spec.—12 9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16072

CERTIFICATE OF DEATH.

E 16072

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1901 Hollins St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Nichols

(a) RESIDENCE NO. 1901 Hollins St. 20th Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. H. Nichols

6 DATE OF BIRTH (month, day, and year): March 15th 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER: John Roulette

11 BIRTHPLACE OF FATHER (city or town): Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah Hoffman

13 BIRTHPLACE OF MOTHER (city or town): Bello, Md.

(State or country)

14 Informant: Miss Grace Nichols

(Address) 1901 Hollins St.

15 Filed NOV 21 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 19th 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6 1926 to Nov. 19 1926

that I last saw h.. alive on Nov. 19 1926

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

7 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E. Wells Kennedy, M. D.

11/20, 1926 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. Date of Burial Nov 22 1926

20 UNDERTAKER: E. S. Wolfert ADDRESS 130 W. Lexington St

very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 16073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 16073

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 1900 WARD)

2-FULL NAME Baby Boy Angel

(a) RESIDENCE NO. 2708 W. Fairmount Av ST. 7th WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 11/20/26

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	one day	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Fred Angel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lillie C. Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore. Md.

14 Informant Fred Angel
(Address) 2708 W. Fairmount Av

15 Filed NOV 21 1926, 19 .... Registrar RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-19, 1926, to 11-20, 1926.

that I last saw him alive on 11-20, 1926,

and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

Tetany.

(duration) ... yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Premature birth.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) H. Heron Hunter, M. D.

11/20, 19 26 (Address) St. Agnes' Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Nov 22 19 26

20 UNDERTAKER F. D. Wolfgut — ADDRESS 1855 W. Balto St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 16074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 16074

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1250 Glyndon Ave., ST., 21-2 WARD)

2-FULL NAME Mary M. Dorsey

(a) RESIDENCE NO. 1250 Glyndon Ave., ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs 3 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lawrence J. Dorsey

6 DATE OF BIRTH (month, day, and year) Aug. 5, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Ellsworth Willhide

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Nonia Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md.

14 Informant Mr. Lawrence Dorsey

(Address) 1250 Glyndon Ave.

15 Filed NOV 21 1926, 19 Per K K, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1925, to Nov 19, 1926.

that I last saw h alive on Nov 19, 1926

and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis Indefinite.

(duration)

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Neh Campbell M.D.

Nov 20, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Loudon Park Cemetery

DATE OF BURIAL Nov. 22, 26

20 UNDERTAKER Nelson E. Stiles

ADDRESS 231 Md Ave Westport

TION is very important See instructions on back of

Spec.—1-12-23—MAB—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16075

16-001

REGISTERED NO. E 16075

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Inay Rhoades.

(a) RESIDENCE NO. 161 E 2nd St Frederick Md

(Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-17-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Arthur Rhoades

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Hoss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Rhoades

(Address) JOHNS HOPKINS HOSPITAL

15 Filed Nov 21 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 19 26

17

I HEREBY CERTIFY, That I attended deceased from Oct 17, 19 26, to Nov 20, 19 26,

that I last saw h[illegible] alive on Nov 20, 19 26,

and that death occurred, on the date stated above, at 11-6 m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Tetanus Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick, Md

DATE OF BURIAL 11/22/19 26

20 UNDERTAKER M. R. Etchison & Son

ADDRESS Frederick Md

Spec.—I-12-23—M&T—500 Blks.

E 16076 ✓E. 16076.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16076

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 3 3rd ST. 17-1 WARD)

2-FULL NAME Mr Frank Pearl

(a) RESIDENCE NO. 66 Winter St New Britain Conn ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 15 ds. How long in U. S., If of foreign birth? — yrs. — mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Ida
WIFE of Mrs Frank Pearl

6 DATE OF BIRTH (month, day, and year) Oct 15, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	37	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Business

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Simon Pearl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Ida Stutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Hospital Record
(Address)

15 Filed 11 21 1926 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1926, to Nov 20, 1926.

that I last saw him alive on Nov 20, 1926,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Coma Uremia

(duration) 2 yrs. — mos ..... ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/11/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Arthur Weinberg, M. D.

11/21 1926 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Britain Conn Berlin Camp Station	11/21 1926

20 UNDERTAKER Sol Lurman & Bro ADDRESS 1127 E Baltimore

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16077 ✓

E 16077

CERTIFICATE OF DEATH.

× 31

E 16077

REGISTERED NO.

1-PLACE OF DEATH 412 Augusta Ave

CITY OF BALTIMORE: (No. Irvington, Md. ST. 20-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Henry Dietz, Jr.

(a) RESIDENCE NO. Cascade, Maryland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia A. Dietz

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Wm. Henry Dietz, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland.

14 Informant Wm. Henry Dietz, Sr. (Address) 412 Augusta Avenue

15 Filed NOV 21 1926 19 R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from May 19th, 1923, to Nov 18th, 1926, that I last saw him alive on Nov 18th, 1926, and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Stenosis due to T. B. of the throat

8-11-26 (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetis Mel. & Pulmonary tuberculosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of —

Was there an autopsy? no — Laboratory test positive

What test confirmed diagnosis? Inspection & X of Larynx & Throat

(Signed) Amelia V. Zimmerman, M. D.

11/19/, 1926 (Address) 1805 W. North Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Nov. 22 1926

20 UNDERTAKER Joseph B. Cook

ADDRESS 1002 W. Balto St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16078

CERTIFICATE OF DEATH.

109-002

E 16078

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 33+ Calvert ST.) (WARD 12-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George T Banks

(a) RESIDENCE NO. 2378. 42nd St Norfolk Va ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs George Banks

6 DATE OF BIRTH (month, day, and year) June 27, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rebecca Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hospital Records (Address)

15 Filed 12 2 1926, 19 RK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20th 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1926, to Nov 20, 1926, that I last saw him alive on Nov. 20, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. 2½ mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 20 ds.?

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of Nov 19, 1926

Was there an autopsy? no methods

What test confirmed diagnosis? clinical, operative & p.m.

(Signed) Frank R. Smith, Jr., M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Norfolk Va	Nov 22 1926
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 16079

CERTIFICATE OF DEATH.

E 16079

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter G. Zorn

(a) RESIDENCE NO. 306 S. Madeira St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 24/1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper 015

(b) General nature of industry, business, or establishment in which employed (or employer) Kimball & Tyler

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country) Md

PARENTS

10 NAME OF FATHER Geo. Zorn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Margaret Eder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Catherine Zorn

(Address) 306 S Madeira

15 Filed, 19 C. Lindsay U.S.H.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 5 hrs.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M. Hunter, M. D.
(Coroner)

Nov 24 1926 (Address) 709 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

1414 Eastern Ave

Former or usual residence 306 S Madeira

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Redeemer Cemetery Nov. 23 1926

20 UNDERTAKER — ADDRESS

Lilly & Zeiler 403 S. Wolfe St

very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16080

E 16080

CERTIFICATE OF DEATH.

1666

6-3

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. WARD)

2-FULL NAME Charles Pfisterer

(a) RESIDENCE NO. 139 N. Streeper St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen M. Pfosterer

6 DATE OF BIRTH (month, day, and year) Dec 30/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Patern Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Boiler Shop
(c) Name of employer Renneberg & Sons

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Pfisterer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Lesch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant Helen M. Pfisterer
(Address) 139 N. Streeper St

15 Filed NOV 22 1926, 192... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Nephritis-Bichloride Poisoning-Suicide

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ill health (duration) yrs. mos ds.

(Signed) Joseph Sellers, M. D.
(Coroner.)

11/21/26 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL Nov. 22 1926

20 UNDERTAKER Kelly & Fisher

ADDRESS 403 S. Wolfe St.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16081

CERTIFICATE OF DEATH.

101-001

E 16081

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 25-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Eckenrode

(a) RESIDENCE NO. Lakewood. Ave. Lakeland. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elsie Eckenrode

6 DATE OF BIRTH (month, day, and year) July 4, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Cutter 0 8 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Erwin Eckenrode

11 BIRTHPLACE OF FATHER (city or town) (State or country) York. Pa.

12 MAIDEN NAME OF MOTHER Anna A. Kample

13 BIRTHPLACE OF MOTHER (city or town) Penna. (State or country) Penna.

14 Informant Elsie Eckenrode Wife

(Address) Lakewood Ave Lakeland.

15 Filed ..... 19 ..... Registrar

C. E. [illegible], M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 15 , 1926 , to Nov. 18 , 1926 ,

that I last saw him alive on Nov 15 , 1926 ,

and that death occurred, on the date stated above, at 7:45 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (R)

(duration) ... yrs. ... mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical.

(Signed) Jos. M. Fulling M. D.

19 (Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Nov. 22nd 1926

20 UNDERTAKER Lilly & Zeiler

ADDRESS 1000 Mosher St

Spec.—1-12-23—M&T—500 Blks.

E 16082 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16082

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 26-5-100-001

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Stautamaier

(a) RESIDENCE NO. 925 S. Bouldin Av ST., 26 WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of #7

6 DATE OF BIRTH (month, day, and year) Aug. 3rd 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	9	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Lewis Stautamaier

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Jennie Patton

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant ..... (Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 2 1926, 19.. C. PHELPS, JOHNS, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 19 26 to Nov 21, 19 26,

that I last saw her alive on Nov. 21, 19 26

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Chronic Rheumatic
Pericarditis

(duration) 2 yrs. 5 mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 27 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Path

(Signed) Thos. McCrae M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Nov. 24 1926
20 UNDERTAKER Lilly & Zeller	ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 16083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Payson and Dukeland ST. 11-1 WARD)

REGISTERED NO. 12 E 16083

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. H. Mendenhall

(a) RESIDENCE NO. 20 Pearl ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Mendenhall

6 DATE OF BIRTH (month, day, and year) 10-18-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charleston, S.C. (State or country)

PARENTS

10 NAME OF FATHER Sidney Mendenhall

11 BIRTHPLACE OF FATHER (city or town) Atlanta (State or country) Georgia

12 MAIDEN NAME OF MOTHER Sarah Rorke

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Virginia

14 Informant Mrs. Gilleland

(Address) 2416 Madeson ave.

15 Filed 12 2 1926 . 19 C. E. KELLY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20 19 26

17

I HEREBY CERTIFY, That I attended deceased from 11/17 . 19 26 to 11/20 . 19 26.

that I last saw him alive on 11/20 . 19 26,

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

. 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cem. Hampden — DATE OF BURIAL Nov. 23 1926

20 UNDERTAKER Margaret G. Flynn — ADDRESS 1422 Light

TION is very important. See instructions on

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16084

100-001

CERTIFICATE OF DEATH.

E 16084

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1041 Myrtle Ave St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses George Wallace

(a) RESIDENCE NO. 1041 Myrtle Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ____ ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 22, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None at all

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country) Md

PARENTS

10 NAME OF FATHER Moses Wallace

11 BIRTHPLACE OF FATHER (city or town)

(State or country) York Co. Va.

12 MAIDEN NAME OF MOTHER Hattie Fletcher

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Harford Co. Md.

14 Informant Moses Wallace

(Address) 1041 Myrtle Ave.

15 Filed _____, 19____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1926, to Nov 20, 1926,

that I last saw h. alive on Nov 20, 1926,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Primary)

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY _____

(Secondary)

_____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Frey, M. D.

11/21, 1926 (Address) 1928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Auburn Cem Nov 22 1926

20 UNDERTAKER — ADDRESS

Wm F Carton Co Inc

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16085

CERTIFICATE OF DEATH.

3 1 E 16085

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Parish alley ST., 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edna Smith

(a) RESIDENCE NO 1108 Parish alley. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Nicholas Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cora Hodges

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Bunyer
(Address) 1108 Parish alley

15 Filed 1926 ERNEST JONES, M. D.
By RJL Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. TB—

Exhaustion (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) G. Glades, M. D.
(Coroner.)
11/21/26 (Address) 148 W 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Nov 22 1926
20 UNDERTAKER Handmaker	ADDRESS 916 Gay St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16086

38

E 16086

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. W-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Jones

(a) RESIDENCE NO. 1430 Division St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Jones

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Weldon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed NOV 22 1926 WM. H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20- 1926

17

I HEREBY CERTIFY, That I attended deceased from 3-5- , 19 26 to 11-20- , 19 26 ,

that I last saw h in alive on 11-19- , 19 26,

and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Serologi cal findings.

(Signed) John Goldsmith M. D.

11/22, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Nov 23 1926

20 UNDERTAKER Daniel Easton

ADDRESS 9 E Lexington

TION is very important. Be particular.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16087

CERTIFICATE OF DEATH.

113 E 16087

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Junoir Carter

(a) RESIDENCE NO. 1434 E. Fairmount Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXX

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Cy Cuthberson

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Laura Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed 192 Registrar

JAN 22 1923

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18/23 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said hi (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Carter, M. D.
(Coroner.)

11/18/23, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 192

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Spec.—12-9-25—A.L.o.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16088

CERTIFICATE OF DEATH.

90 E 16088
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Isabelle Downing

(a) RESIDENCE NO. 3508 E. Fairmount Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Downing

6 DATE OF BIRTH (month, day, and year): Dec-3 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	42.	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: William J Donnelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary E. Nixon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore

14 Informant: Henry Starr

(Address) 1716 E. Madison St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 21, 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-10- 1926 to 11-21 , 1926

that I last saw h[illegible] alive on 11-21-26 , 19 .....

and that death occurred, on the date stated above, at 9.55A m.

The CAUSE OF DEATH* was as follows:

Hypertension

Cardiac hypertrophy and dilatation

Mitral stenosis & regurgitation Cardiac decompensation

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): General cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of No.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical tests.

(Signed) John A Hopkins, M. D.

19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

Date of Burial: Nov. 24 1926

20 UNDERTAKER: George L. Putt

ADDRESS 1735 Harford Ave.

very important. See INSTRUCTIONS ON BACK OF CERTIFICATE

DEC 2 1926

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16089

CERTIFICATE OF DEATH.

169 E 16089

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4903 Beaufort Ave WARD) 43

2-FULL NAME Donald Rausch

(a) RESIDENCE No. 4903 Beaufort Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth 1 yr mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 23/26

7 AGE Years 3 Months Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John F Rausch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER June Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant (Address) John F Rausch 4903 Beaufort Ave

15 Filed , 19 Registrar

Later 4309 York Rd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Nov 21, 1926, that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Malnutrition

since birth (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Johnston, M. D.

, 19 (Address) 4309 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Seminary DATE OF BURIAL Nov 22 1926

20 UNDERTAKER Wilkins Coal 502 E Fayette Av ADDRESS

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-601

CERTIFICATE OF DEATH.

E 16090
1-PLACE OF DEATH

E 16090
REGISTERED NO.

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Kearney

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Ireland

PARENTS

10 NAME OF FATHER Michael McDonell
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Powell
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

15 Filed [illegible] 19 [illegible] Registrar
NOV 22 1926 Per RM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926
Nov 21st

17
I HEREBY CERTIFY, That I attended deceased from
Nov 19 record, 19
Nov 20, 19
that I last saw h.. alive on Nov 14, 19 26,
and that death occurred, on the date stated above, at 5 00 p m.

The CAUSE OF DEATH* was as follows:
Cerebral apoplexy

(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY Arteriosclerosis
(Secondary)
Influenza (duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) F. A. Warner, M. D.
Nov 24, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
New Cathedral — 11/22 1926

20 UNDERTAKER — ADDRESS
Wm Cook — 502 E North Ave

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16091

CERTIFICATE OF DEATH.

38

REGISTERED NO. E 16091

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ____ 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Walter H. Williams

(a) RESIDENCE NO. 101 E. Monument St., St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Flora Williams

6 DATE OF BIRTH (month, day, and year) July 3 - 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38.	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) ____

(State or country) Germantown Pa

PARENTS

10 NAME OF FATHER Harry Williams

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Germany

14 Informant Flora Williams

(Address) 101 E monument st.

15 Filed ____, 19 ____ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1926, to Nov. 21, 1926, that I last saw h~~im~~ alive on Nov. 21, 1926, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Uremia—

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Cerebro Spinal typhus

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) P Gillette, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial Nov 24 1926

20 UNDERTAKER Robt J Turner Sr — ADDRESS 1442 N. Broadway

very important. See instructions on back of certificate

Rec. 1-12-23 M&T 500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16092

CERTIFICATE OF DEATH.

161-001

E 16092

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. Caroline St. (ST.) 9th (WARD)

2-FULL NAME James Diegelman

(a) RESIDENCE NO. 1736 E. 23rd St. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17. 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer): infant

(c) Name of employer: infant

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Anton Frank Diegelman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Etta Quigley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mr. Anton Diegelman

(Address) 1736 E. 23rd St.

15 .....

Filed NOV 22 1926 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1926. to Nov. 20, 1926.

that I last saw him alive on Nov. 20, 1926.

and that death occurred, on the date stated above, at 9:15 p m.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(duration) x yrs. x mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History + Physical —

(Signed) Dr Lansing P Veeder M. D.

19 (Address) St Joseph Hosp Balt Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemty	Nov 23 1926
20 UNDERTAKER: Henry Stocks Son	ADDRESS: [illegible] E Eager St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16093

CERTIFICATE OF DEATH.

E 16093

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 18-2 WARD)

2-FULL NAME Joseph M. White

(a) RESIDENCE NO. 911 W. Fayette St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 21 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 30, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER W. H. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Gertrude Mincher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. W. H. White
(Address) 911 W. Fayette St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1926, to Nov. 21, 1926, that I last saw him alive on Nov. 21, 1926, and that death occurred, on the date stated above, at 4 30 a. m.

The CAUSE OF DEATH* was as follows:

Ton. & Laryngeal Diphtheria

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubation Date of 11/13/26.

Was there an autopsy? No

What test confirmed diagnosis Positive KL. Culture

(Signed) Myron G. Tull, M. D.

11/22 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 23 1926
20 UNDERTAKER	ADDRESS 3617
Chenowith & Son	Chestnut St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16094

CERTIFICATE OF DEATH.

52 ✓ E 16094

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3603 Chestnut Ave (Ward) 8-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W Keller

(a) RESIDENCE NO. 3603 Chestnut Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence C Keller

6 DATE OF BIRTH (month, day, and year) Oct 26 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44		24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ry Railway

(b) General nature of industry, business, or establishment in which employed (or employer) R R

(c) Name of employer B & O

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Henry Keller

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Adeline Baker

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Harry Keller

(Address) 3603 Chestnut Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Nov 20, 1926, that I last saw h.. alive on Nov 9, 1926, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Resultant Cirrhosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R. B. Norment, M. D.

Nov 22, 1926 (Address) 934 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Mt Olivet Cem Nov 23, 26

20 UNDERTAKER ADDRESS

Chenowith Son 3607 Chestnut Ave

very important. See instructions on back of

S[illegible] No. 25 A[illegible] 500 Blks.

E 16095

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 16095

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1400 Yeager St St. 13 Ward)

2-FULL NAME Fannie E. Shipley

(a) RESIDENCE NO. 1400 Yeager St St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Thomas L Shipley

6 DATE OF BIRTH (month, day, and year): March 10, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Dennis Shuman

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Harriet Key

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Philadelphia

14 Informant: Thomas Shipley

(Address) 1400 Yeager St

15 Filed ..... 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 21, 1926 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926 to Nov 21, 1926

that I last saw h.[illegible] alive on Nov 20, 1926

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Metastasis to Liver (duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? Yes Date of Nov 1, 26

Was there an autopsy? No

What test confirmed diagnosis? Path

(Signed) [illegible], M. D.

11/22/1926 (Address) 2020 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethel Carroll Co Md Date of Burial Nov 23 1926

20 UNDERTAKER: Commonwealth Son Chestnut Ave ADDRESS 3417

very important. See instructions on back of [illegible]

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16096

CERTIFICATE OF DEATH.

11 E 16096

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp ST. 27-1 WARD)

2-FULL NAME Mrs. Charles Wells

(a) RESIDENCE NO. Carroll & Pearce Roads ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Mrs Clara Wells

6 DATE OF BIRTH (month, day, and year) 6-23-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Feed Grain Business (merchant) 0145

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard C. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Emma Shade

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. R. E. Wells
(Address) Carroll & Pearce Rds

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20-26

17

I HEREBY CERTIFY, That I attended deceased from 11-11-26, 19 ..., to 11-20-26, 19 ..., that I last saw him alive on 11-20-26, 19 ..., and that death occurred, on the date stated above, at 10 25 A m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis —
(Ruptured appendix)
(duration) twelve hours

CONTRIBUTORY (Secondary) General Peritonitis
Toxemia
(duration) ..... yrs. ..... mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 11-11-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	11-22 19 26
20 UNDERTAKER	ADDRESS
Wendell Oppenheimer	85 Md

TION is very important. See instructions on

NOV 22 1926

ppec.—1-12-23—M&T—500 Blks.

E 16097

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16097

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 16-007

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., 726 (WARD)

2-FULL NAME Isabella Hill

(a) RESIDENCE, NO. 410 S. 5th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 13. 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
		3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Edgar Hill

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Annie Evans

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs. Hill
(Address) JOHNS HOPKINS HOSPITAL

15 Filed Nov 22 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1926, to Nov 21, 1926, that I last saw her alive on Nov 21, 1926, and that death occurred, on the date stated above, at 3:20 p.m.

The CAUSE OF DEATH* was as follows:

Dysentery, acute bacillary

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Stool Culture

(Signed) Thomas B. Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Nov 23 1926

20 UNDERTAKER Wendell Duffy — ADDRESS 618 N

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16098

CERTIFICATE OF DEATH.

38 E 16098

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md ST., 7-1 WARD)

2-FULL NAME Joseph Seward

(a) RESIDENCE NO. 1728 Barnes St. ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male -	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Seward

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Walter Seward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Louise Northington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Baltimore City Hospitals
(Address) Baltimore, Md.

15 Filed NOV 22 1926 C. Emerson Jones, M.
Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19- 19 26

17 I HEREBY CERTIFY, That I attended deceased from 4-23- , 19 26 , to 11-19- , 19 26 ,
that I last saw h.. alive on 11-19- , 19 26 ,
and that death occurred, on the date stated above, at 3.40 P m.
The CAUSE OF DEATH* was as follows:

General Paralysis of the Insane

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Luetic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Serological and Clinical findings.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mary Goldsmith M. D.

19 (Address) Veterans City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
La Plata Va	11/22/26
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1725 Eastland

Cor.—1-12-22—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16099

CERTIFICATE OF DEATH.

179 E 16099

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp. St., 7-1 Ward)

2-FULL NAME James Habfer

(a) RESIDENCE No 631 N Broadst. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	b	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Habfer

6 DATE OF BIRTH (month, day, and year) unk.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Beth Steel Yard
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) No b

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) No b.

12 MAIDEN NAME OF MOTHER Julia Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) No b.

14 Informant Mary Bailey
(Address) 1745 Carlisle ave.

15 Filed NOV 22 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc
Fract of Femur & Pneumo

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Forgotten

(duration) yrs. mos. ds.

(Signed) ..... (Coroner.), M. D.

11-26, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs. ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mase Md.	11/24/26
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1927 Aisquith

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16100
1-PLACE OF DEATH

E 16100
REGISTERED NO.

City of BALTIMORE: (No. 2508 Pennsylvania Ave St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie B Coleman

(a) RESIDENCE NO. Leads Ave. Walbrook St. 3rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Floyd B. Coleman

6 DATE OF BIRTH (month, day, and year) Apl 8 1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Girl

(b) General nature of industry, business, or establishment in which employed (or employer) Wool

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs Pomeia Alexander

(Address) 2508 Pennsylvania Ave

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Ex Pneumonia

(duration) 2 yrs. mos. 1 ds.

(Signed) H. G. Blake M. D.
(Coroner)

, 19 (Address) 1432 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Date of Burial Dec 23 1926

20 UNDERTAKER Wm J Tucker & Sons ADDRESS Balto Md

very important. Be sure that all items are correctly answered.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16101

CERTIFICATE OF DEATH.

101-001

E 16101

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 20 S. Mount St. St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Nelson Daneker

(a) RESIDENCE NO. 20 S. Mount St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Daneker

6 DATE OF BIRTH (month, day, and year) June 11. 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	55	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Purchasing Agent

(b) General nature of industry, business, or establishment in which employed (or employer) Manfr. Chemists

(c) Name of employer Sharp & Dohme

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. H. Daneker

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Carrie E. Kerner

13 BIRTHPLACE OF MOTHER (city or town) Phila.

(State or country) Penna.

14 Informant Jerome Daneker

(Address) Equitable Bldg.

15 Filed_____ 19_____

Per_____ Registrar

C. HERBERT JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Nov 21, 1926, that I last saw him alive on Nov 20, 1926, and that death occurred, on the date stated above, at 5.45A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted ✓

If not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) H. Wells Kerner, M. D.

11/27, 1926 (Address) 2000 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial Nov 30 1926

20 UNDERTAKER J. Pickney Jones ADDRESS North Ave

very important. See instructions on back.

pec.—1-12-23—M&T—500 Blks.

E 16102

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 16102

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1615 E. Monument ST., 7-1 WARD)

2-FULL NAME Estella Strawn

(a) RESIDENCE NO. 1615 E. Monument ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Oliver Strawn

6 DATE OF BIRTH (month, day, and year): Nov. 20 1891

7 AGE: Years 34 Months 11 Days 28 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Jno W. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Louisa Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md.

14 Informant: Oliver Strawn

(Address): 1615 E. Monument St.

15 Filed DEC 22 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1926, to Nov 18, 1926,

that I last saw h alive on Nov 18, 1926,

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Nephritis Bronchitis

(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R T Young M. D.

11/29/1926 (Address) 1459 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Nov. 22 1926

20 UNDERTAKER: Chas. T. Johnson — ADDRESS: 46 N. Carolina St.

Spec—12-23-21—E.B.R.S.—400 Bks.

Becher. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16103

100-901

E 16103

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2780 W North Ave St., 158 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Henry Becher

(a) Residence No. 2780 W. North Ave St., ... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, White.

5-Single, Married, Widowed, or Divorced. (Write the word.) Married.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6-DATE OF BIRTH (month, day and year) July 27/60

7-AGE. 66 yrs. 3 mos. 23 27 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Ret

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Henry Becher

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Anna Beag

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country). Ger

14- (Informant) Herman Becher

(Address) 2780 W North Ave

15- Filed ..... 192.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-20-26

17- I HEREBY CERTIFY, That I attended deceased from Nov. 14 1926 to Nov. 20 1926

that I last saw him alive on Nov. 20 1926

and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (Duration) ..... yrs. ..... mos. 8 hrs.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death?..... Date of .....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) C. R. Adelson M. D.

11/20/26 (Address) 2757 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park

DATE OF BURIAL. Nov 23 1926

20-UNDERTAKER. Richard Dreyer

ADDRESS 1620 Arlington St

rec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16104

CERTIFICATE OF DEATH.

+ 90

E 16104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Watkins

(a) RESIDENCE NO. Sparrow Point ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE: Years: about 58; Months: —; Days: —; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor at [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem

(c) Name of employer: Steel Co Sparrow Pt

9 BIRTHPLACE (city or town) (State or country): Prince Edward Co Va

PARENTS

10 NAME OF FATHER: Peter Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Alina Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mr John Watkins Brother

(Address): Keysville Va

15 Filed 12 2 1926 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1926, to Nov. 14, 1926, that I last saw him alive on Nov. 18, 1926, and that death occurred, on the date stated above, at 8 5/8 a.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation.

(duration) yrs ? mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) John W. Gaines, M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Keysville Va

DATE OF BURIAL: Nov 22 1926

20 UNDERTAKER: John F Denny

ADDRESS: 715 Lysett

Cor.—1-17-23—M&T—100 llks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16105

CERTIFICATE OF DEATH.

66

REGISTERED NO. E 16105

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mil Hosp. ST. [illegible] WARD)

2-FULL NAME James M Burton

(a) RESIDENCE NO. [illegible] ST., [illegible] WARD [illegible]
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Oct 4, 1890

7 AGE — Years: 36 — Months: 1 — Days: 16 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Horse Shoer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Clifford P. Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Carrie Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Clifford P. Burton
(Address): 3[illegible] Oak St.

15 Filed ....., 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) [illegible], M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Hill Church Cem. DATE OF BURIAL: 11/23 1926

20 UNDERTAKER: Chas. P. Graul & Son ADDRESS: 11 W. Mt. Royal Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16106

CERTIFICATE OF DEATH.

88 E 16106

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 105 Ridgewood Road, Ward) Roland Park

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Levy

(a) RESIDENCE NO. 105 Ridgewood Road Ward Roland Park

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Etta G. Levy

6 DATE OF BIRTH (month, day, and year): Feby 2, 1868

7 AGE — Years: 58 | Months: 9 | Days: 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Straw Hat

(b) General nature of industry, business, or establishment in which employed (or employer): Mnfgr. 045

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Michael S. Levy

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Betsy Jacobs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): England

14 Informant: Mrs. E. Levy

(Address) 105 Ridgewood Rd.

15 Filed....., 19.....

Registrar

Very Important. See Instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 22, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from May 31, 1926, to November 22 1926, that I last saw him alive on November 22, 1926, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis Subacute (streptococcus viridans)

(duration) .....yrs. 5 mos. 21 ds.

CONTRIBUTORY (Secondary): Cerebral embolism

(duration) .....yrs. .....mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Charles I. Austrian, M. D.

, 19 (Address) 1417 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. Date of Burial: 11/24/1926

20 UNDERTAKER: Harid Sondheim ADDRESS: 118 N. Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Bks.

16107

HEALTH DEPARTMENT—CITY OF BALTIMORE E 16107

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. 28-T WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Hopper Jr.

(a) RESIDENCE NO. 4604 Belview ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/12/20

7 AGE: Years 5 Months 11 Days 8 days. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward Hopper

11 BIRTHPLACE OF FATHER (city or town) Baltimore, (State or country)

12 MAIDEN NAME OF MOTHER Mary Steward

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant (Address) West Baltimore Gen Hosp.

15 Filed ..... 19 ..... Registrar

C. EMERSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/16, 1926, to 11/20, 1926, that I last saw him alive on 11/20, 1926, and that death occurred, on the date stated above, at 9.25 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia 3 wks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Empyema 1 mo. 10 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/20/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward L Jones M. D.

11/20, 1926 (Address) West Baltimore Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery. DATE OF BURIAL: Nov. 23 1926

20 UNDERTAKER: Martin Fahey & Sons. ADDRESS: 1827 W. North Ave.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16108

129 E 16108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 507 Cumberland St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Anna Slattery

(a) RESIDENCE NO. 507 Cumberland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur McSlattery

6 DATE OF BIRTH (month, day, and year): Aug 4 1903

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	23	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): (3)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: John Watkins

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country): Md

12 MAIDEN NAME OF MOTHER: Anna Kerr

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Arthur McSlattery

(Address): 507 Cumberland

15 Filed ..... 19 ..... C. FAWCETT JOHNS, M. D. Registrar

Per .....

21926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1 1926 to Nov 20 1926, that I last saw h.. alive on Nov 20 1926, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Mitral Insufficiency

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) W. H. Voods, M. D.

, 19 (Address) 1403 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem — Date of Burial: Nov 23 1926

20 UNDERTAKER: Wm J. Dickman & Sons — ADDRESS: Balto

Cor.—I-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16109 E 16109

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital ST. 4-1 WARD)

REGISTERED NO. +179

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ina Abrahamsen Arnd Abrahamsen

(a) RESIDENCE NO [redacted] ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 21 1904 [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	11	28	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Norway
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

Informant Friend of Family
(Address)

Filed Nov 26 1926 C. F. THOMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple Injuries

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Shocks

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner)
Nov , 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 192
Bald Cemetery	11/25/26
20 UNDERTAKER George J. Duck	ADDRESS 1231 Park

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16110 — CERTIFICATE OF DEATH. — E 16110

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Havana Tuly Hospital

CITY OF BALTIMORE: (No. 1418 Eastern Ave. ST., ... WARD)

2-FULL NAME Robert Church.

(a) RESIDENCE NO. ... Cazenovia N.Y. ST. ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 20 1910

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
16	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Uxbridge Mass
(State or country)

PARENTS

10 NAME OF FATHER John C. Church

11 BIRTHPLACE OF FATHER (city or town) North Hector New York
(State or country)

12 MAIDEN NAME OF MOTHER Edna Louise Doolittle

13 BIRTHPLACE OF MOTHER (city or town) Cazenovia New York
(State or country)

14 Informant John C. Church
(Address) Cazenovia N.Y.

15 Filed 2 1926 C. F. LAMPSON Jones, M. D.
Registrar
Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 14 ..., 1926 ..., to Nov 22 ..., 1926 ..., that I last saw him alive on Nov. 22 ..., 1926, and that death occurred, on the date stated above, at 3 15 P m.

The CAUSE OF DEATH* was as follows:

Hodgkins disease

(duration) 1 yrs. 5 mos ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No. Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? Blood & gland.

(Signed) Theodora Reese Jr., M. D.

Nov 27, 1926 (Address) 1418 Eastern Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cazenovia New York	Nov 23 1926

20 UNDERTAKER Chas. G. Black ADDRESS 742 W. Baltimore

Spec.--1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16111 E 16111

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp

2-FULL NAME Mrs. Mary Miller

(a) RESIDENCE NO. 1012 Brantley Ave St.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred 40 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 1749

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Miller

6 DATE OF BIRTH (month, day, and year) Mar 26, 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Voigh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William K. Miller

(Address) 1012 Brantley ave

15 Filed 2 1926 C. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2 1926 to Nov 21 1926

that I last saw h alive on Nov. 21 1926

and that death occurred, on the date stated above, at 1 35a m.

THE CAUSE OF DEATH* was as follows:

Carcinoma of pancreas

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Operation

Was there an autopsy? Date of

What test confirmed diagnosis

(Signed) Louis T. Levy M. D.

11/21, 1926 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Nov. 23 1926

20 UNDERTAKER Mc Mc John W. Teufel & Son ADDRESS 801 W. Fayette St.

Cor.—1-12-23—M&T—100 Bks.

16112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16112

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at 28-2 REGISTERED NO. 84

CITY OF BALTIMORE: (No. Balto City Hospital St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman G. Forchbath

(a) RESIDENCE No. 5004 Main ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 2 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Forchbath

DATE OF BIRTH (month, day, and year) Feb 10, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	11	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) R
(c) Name of employer Montgomery Ward Co

BIRTHPLACE (city or town) Eshmach
(State or country) Germany

PARENTS

10 NAME OF FATHER Henry T. Forchbath

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Kuch

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Edward Forchbath
(Address) 714 N Linwood ave

15 Filed 22 1926 C. FENTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Angina Pectoris

(duration) x yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) 1 yrs. mos. ds.

(Signed) James M Fenton, M. D.
(Coroner.)
Nov 21, 1926 (Address) 1002 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Nov. 24 1926

20 UNDERTAKER Henry Sander & Sons. Inc — ADDRESS 1710 Fleet St.

Cor.—1-12-23—M&T—100 Bks.

16113 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16113

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 762 Poplar Grove St. 16-7 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phillipus Steele.

(a) RESIDENCE No. 762 Poplar Grove St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 26-1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Dept. Store

(c) Name of employer: Balto

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Thomas Steele

11 BIRTHPLACE OF FATHER (city or town) (State or country): Grace

12 MAIDEN NAME OF MOTHER: Lillie Remington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Thomas Steele

(Address) 762 Poplar Grove St

15 Filed 2 2 1926 G92 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pul. T. B.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner.)

21 1926 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery DATE OF BURIAL Nov 23 1926

20 UNDERTAKER: George L. Schwartz ADDRESS 1201 Eutaw

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16114 E 16114

CERTIFICATE OF DEATH.

179

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1216 Penna Ave ST. ... WARD)

2-FULL NAME Etta Davis

(a) RESIDENCE NO 1216 Penna. Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colred

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 3—23

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	9	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

BIRTHPLACE (city or town) ..... (State or country) Va

PARENTS

10 NAME OF FATHER Moses DePower

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Va

12 MAIDEN NAME OF MOTHER Mamie Davis

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Va

14 Informant Mamie Davis
(Address) 1216 Penna ave

15 Filed NOV 23 1926 103 Par ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc

Burns

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Shock

(duration) ... yrs. ... mos. 1 ds.

(Signed) ..... (Coroner.), M. D.

Nov 23, 1926 (Address) 1213 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary

DATE OF BURIAL Nov 23 1926

20 UNDERTAKER John H. Trader

ADDRESS 1027 Hanover

Cor.—1-12-23—M&T—100 Bks.

16115

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16115

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital 6-1 109-002

REGISTERED NO.

ITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris M. Headley

(a) RESIDENCE No. 1203 Longwood st ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 22 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Frank M Headley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Edith Miller

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Mrs A H Callahan
(Address) 1208 Bloomingdale Rd

15 Filed Nov 2 1926 C. EMPSON JONES M. D. Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, au-
topsy or inquiry) find that said deceased came to death
on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Dilat
of Heart
Endocarditis
(duration) yrs. mos ds.
CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

(Signed) , M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Richmond Co Va	Nov 2 1926
20 UNDERTAKER John O Mitchell	ADDRESS 1200 Fayette

E 16116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16116

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 920 W. Fayette St ST. 18-2 WARD)

REGISTERED No. C 94

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles A. Miller

(Residence in Baltimore: No. 920 W. Fayette St

S. 70 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED OR DIVORCED. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. ....., 1854
(Month) (Day) (Year)

7-AGE. 72 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Charleston S.C.

PARENTS.

10-NAME OF FATHER. Robt Miller

11-BIRTHPLACE OF FATHER (State or Country). S.C.

12-MAIDEN NAME OF MOTHER. Eugenia

13-BIRTHPLACE OF MOTHER (State or Country). S.C.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Leon C. Pritchett

(Address) Atlanta Ga

15-

NOV 21 1926 191.....

C. HAMPSON JONES, M. D.

Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 20, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

A Goblesio.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Contusion

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)

11/26, 191.. (Address) .....

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL. London Park Cem DATE OF BURIAL. Nov 26 19 26

20-UNDERTAKER John O Mitchell ADDRESS 1201 W Fayette

Spec. 129 75 A Co. 202 Bks.

E 16117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16117

CERTIFICATE OF DEATH.

13-5 89

1-PLACE OF DEATH

City of BALTIMORE: (No. 2434 Madison Ave. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Nachman

(a) RESIDENCE NO. 2434 Madison Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Solomon Nachman

6 DATE OF BIRTH (month, day, and year): Nov. 27 1875

7 AGE: Years 50 Months 11 Days 25 If less than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Ralph Berliner

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Ethel Bergman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs. Solomon Nachman

(Address) 2434 Madison Ave

15 Filed ..... 19 ..... C. FERGUSON JONES, M. D. City

Registrar

21926 Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 22nd, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22nd, 1926 to Nov. 23rd, 1926, that I last saw her alive on the 22nd Nov, 1926, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) Harry W. Krumbhaar M. D.

19 (Address) 320 E. Library Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. Date of Burial 11/24/26

20 UNDERTAKER: Baird Londheim ADDRESS 1120 W. Mt. Royal Ave

Spec.—8-24-14—M. & T.—2000 Bks.

E 16118 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 16118

CERTIFICATE OF DEATH.

9-24-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 E 31st St.; or WARD) REGISTERED NO. C.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian E. Warren

(Residence in Baltimore: No. 1627 E. 31st St. St. 5 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Married

6-DATE OF BIRTH, November 4, 1870
(Month) (Day) (Year)

7-AGE,	If LESS than 1 day,
55 yrs. 0 mos. 17 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House-wife
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, William Gardner

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Emma Humphreys

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Laurence Warren

(Address) 1627 E. 31st.

15- Filed NOV 23 1926, 191..... Registrar.

For R.K.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 21, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1925, to Nov 21 1926,
that I saw her alive on Nov 21 1926,
and that death occurred, on the date stated above, at 11.30 A.M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Twelve hours
(Duration).....yrs.....mos.....ds.
CONTRIBUTORY.....
(Secondary)
(Duration).....yrs.....mos.....ds.
(Signed) Leonard G. Brady M. D.
Nov 23, 1926 (Address) 2229 St. Paul

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL.
Reisterstown Cem	Nov 24, 1926
20-UNDERTAKER Joseph Snyder	ADDRESS 1600 W North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16119

CERTIFICATE OF DEATH.

162 E 16119

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 N Patterson Pk Ave ST. WARD)

2-FULL NAME Baby Dailey

(a) RESIDENCE NO. 237 N. Patterson Pk Ave ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 21, 1926

7 AGE — Years — Months — Days — If LESS than 1 day, ... hrs or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Nil

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) 2374 Patterson Pk Balto

PARENTS

10 NAME OF FATHER John Dailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elizabeth Dailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Father
(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1926 to Nov 21, 1926.

that I last saw h[illegible] alive on Nov 21, 1926.

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Still Born

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Joseph Patterson, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baby sent to Carnegie

DATE OF BURIAL ... 19

20 UNDERTAKER Embalming Sol. Madison & Wolfe Sts.

ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

E 16120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 16120

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Fulton Avenue ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Follenshee Bartholomee

(a) RESIDENCE NO. 423 N. Fulton Avenue ST., ... WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? 82 yrs. 0 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Theo. M. Bartholomee

6 DATE OF BIRTH (month, day, and year) Nov-17-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Rufus C. McClelland

11 BIRTHPLACE OF FATHER (city or town) N. Haverhill
(State or country) Massachusetts

12 MAIDEN NAME OF MOTHER Annie E. Cronican

13 BIRTHPLACE OF MOTHER (city or town) Boston
(State or country) Massachusetts

14 Informant Mrs. Oscar G. Bery (daughter)
(Address) 423 N. Fulton Avenue

15 Filed NOV 23 1926, 19.. C. [illegible], Clk. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Nov 21, 1926, that I last saw h alive on Nov 20, 1926, and that death occurred, on the date stated above, at 5a, m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Intestitial Nephritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of .....

Was there an autopsy? No. Clinical

What test confirmed diagnosis?

(Signed) John A Cronican M. D.

, 19 26 (Address) 612 W 40th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 23, 1926
20 UNDERTAKER	ADDRESS
STEWART & HUTCH COMPANY	109 W. NORTH AVE

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

E 16121

REGISTERED NO. E 16121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Walbert Apts ST. 12-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Holland Keene

a) RESIDENCE NO. Walbert Apts ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 76 yrs. 2 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marcellus T. Keene

6 DATE OF BIRTH (month, day, and year) Sept-8-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Rockville (State or country) Maryland

PARENTS

10 NAME OF FATHER Nathan Holland

11 BIRTHPLACE OF FATHER (city or town) Rockville (State or country) Maryland

12 MAIDEN NAME OF MOTHER Fanny Selby

13 BIRTHPLACE OF MOTHER (city or town) Rockville (State or country) Maryland

14 Informant Mrs Barbara K. Travers (daughter) (Address) Walbert apts city

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1910 to Nov. 23 1926.

that I last saw h er alive on Nov. 20 1926.

and that death occurred, on the date stated above, at 7.55 m.

The CAUSE OF DEATH* was as follows:

Cerebral softening

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes Chronic interstitial nephritis

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical urine

(Signed) Geo. M. Gibbs, M. D.

11/23 1926 (Address) 624 W Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Nov 24 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) ADDRESS 1005 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16122

CERTIFICATE OF DEATH.

94-002

E 16122

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Parkwood Avenue ST., 13-5 WARD)

2-FULL NAME Margaret McCarter Johnston

(a) RESIDENCE NO. 2301 Parkwood Avenue ST., WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 74 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) About 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George W. Johnston

11 BIRTHPLACE OF FATHER (city or town) Winchester
(State or country) Va.

12 MAIDEN NAME OF MOTHER Eliza J. Deirley

13 BIRTHPLACE OF MOTHER (city or town) Gettysburg
(State or country) Penna.

14 Informant Mrs. Janet Cassell (neice)
(Address) Thurmont, Md.

15 Filed NOV 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Nov 21, 1926, that I last saw h[illegible] alive on Nov 21, 1926, and that death occurred, on the date stated above, at 2 0' p. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchial Pneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) F. M. Lampesis, M. D.

11/24 1926 (Address) 826 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Nov. 25, 1926
20 UNDERTAKER	ADDRESS
STEWART & MOWEN COMPANY	105 W. NORTH AVE.

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16123

E 16123

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 W. 36th St. ST. 13-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Greenberg

(a) RESIDENCE NO. 1117 W. 36th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7 DATE OF BIRTH (month, day, and year) March 15 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 5-10 cent Store

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Greenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie U.K.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Mary Greenberg

(Address) 1117 W. 36th St

15 Filed Nov 23 1926 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1926, to Nov. 22, 1926, that I last saw him alive on Nov. 22, 1926, and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas 4

Carcinoma of Pleura

(duration) yrs. 11 mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & Physical

(Signed) R. Alpert, M. D.

11/22 1926 (Address) 2350 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL 11/23 1926

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 11 27 E Balto St

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

77 E 16124 REGISTERED NO.

E 16124

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore, Md. ST. 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabelle Johnson

(a) RESIDENCE NO. 10 W. Hughes Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1804

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	22	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 40 01

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cora Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Baltimore City Hospitals
(Address) Baltimore, Md.

15 Filed ..... 19 ..... Registrar

NOV 23 1926 C. Thompson Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20-26 19

17 I HEREBY CERTIFY, That I attended deceased from 10-8- , 19 26 , to 11-19- , 19 26 , that I last saw her alive on 11-19- , 19 26 , and that death occurred, on the date stated above, at 12.05 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis with Mental De-ficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Mary E. Adams M. D.

11/24/19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Nov 29 19 26

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Edmondson Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16125

CERTIFICATE OF DEATH.

161-002

E 16125

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 113 S. Curley St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hennigan

(a) Residence No. 113 S. Curley St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) Nov 20th 1926

7-AGE. .....yrs. .....mos. 2 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John W. Hennigan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Annie Judge

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

14- (Informant) John W. Hennigan

(Address) 113 S. Curley St

15- Filed 23 1926 192 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-22-26

17- I HEREBY CERTIFY, That I attended deceased from 11-20 19 26 to 11-22 19 26

that I last saw h[illegible] alive on 11-21 19 26

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Asphexia - due probably to disturbances in the Centr. of Resp. probably due to intrumental pressure (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intracranial pressure Compression of Brain (Duration) mos. ds.

18-Where was disease contracted if not at place of death? Traumatic

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11 22 1926 (Address) 2939 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Patrick's Cemetery	Nov 23rd 1926
20-UNDERTAKER.	ADDRESS
Frank V. Patterson	2913 E Balto St

Spec—12-23-21—E.B.R.S.—400 Bks.

16126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 16126

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 54 Market Place St., 1473 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Fava

(a) Residence No. 54 Market Place St., 4 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married. Married Widowed, or Divorced, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Fava

6-DATE OF BIRTH (month, day and year) Jan 17th 1867

7-AGE. 59 yrs. 10 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Italy

PARENTS.

10-NAME OF FATHER. Vincenzo Fava

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Italy

12-MAIDEN NAME OF MOTHER. Concetta Covalaro

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Italy

14- (Informant) Salvatore Fava

(Address) 54 Market Place

15- Filed, NOV 23 1926, 192.... C. J. [illegible], M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 21-1926

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 1926 to Nov. 21 1926

that I last saw h[illegible] alive on Nov. 21 1926

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

? (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) A. Palmisano M. D

19 (Address) 141 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	Nov 24th 1926
20-UNDERTAKER.	ADDRESS
Frank V. Pipitone	2512 E Baltimore

Spec.—12-9-25—A Co.—200 Bks.

E 16127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16127

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Infirm 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gross

(a) RESIDENCE NO. 825 Slum alley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Gross

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Gross

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md -

12 MAIDEN NAME OF MOTHER Josie Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md -

14 Informant B. C. A. Records

(Address)

Filed NOV 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 21 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-3-26, 1926, to 11-21, 1926,

that I last saw h[illegible]ive on 11-21-26, 19,

and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinomatosis of Abdomen, Primary Growth Stomach

(duration) 5 mos. by History

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of had 11-2-26

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Edward McCollister, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Nov 24 1926 Date of Burial

20 UNDERTAKER S. L. Brown's Son ADDRESS 1040 W. Monroe St

Cor.—12-9-25—A Co.—200 Bks.

Trusch.

16128

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 16128

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St., 96-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Trusch

(a) RESIDENCE NO. Fernwood Ave. 3927 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 67 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Pa. R.R. Co

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER Ad. Trusch

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER Mary Bartel

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ger.

14 Informant: Chas. Trusch

(Address) 3927 Fernwood Ave

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19, 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul. embolism due to traumatic amputation leg accident

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] (Coroner) M. D.

Nov 27 1926 (Address) 1637 Bush

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cem — Date of Burial: Nov 23 1926

20 UNDERTAKER: Lilly and Zeller — ADDRESS: 403 S. Wolfe St

Spec. 1-10-21 M&T 1500 Blks.

E 16129.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 16129

CERTIFICATE OF DEATH.

72

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 Harvey ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene T. Oelzner

(a) RESIDENCE NO. 743 Harvey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Johanna Oelzner

6 DATE OF BIRTH (month, day, and year) Sept. 19 1876.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Comer-Label Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Eug. Oelzner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown. 11.23.26

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Johanna Oelzner

(Address) 743 Harvey St.

15 Filed NOV 23 1926 C. [illegible] Registrar

By R. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 21. 19 26

17 I HEREBY CERTIFY, That I attended deceased from 1911, 19..., to 11. 21. 26, 19..., that I last saw him alive on 11. 19. 26, 19..., and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia

(duration) 18 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Philip B. Fowler, M. D.

(Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 11/23 19 26

20 UNDERTAKER Wm Cook — ADDRESS 302 E. Fallsway

Spec.—1-10-21—M&T—1500 Blks.

16130

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001

E 16130

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp ST. 27-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Harman

(a) RESIDENCE NO. 5245 St Charles Street Cor Arlington

(Usual place of abode) ST., WARD

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Harman

6 DATE OF BIRTH (month, day, and year) 10-1-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HW 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carrol Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Selmon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Bedroft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Mary Harman (Address) Same

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-10-26, 19 , to 11-22-26, 19 ,

that I last saw h[er] alive on 11-22-26, 19 ,

and that death occurred, on the date stated above, at 8:50 A. m.

The CAUSE OF DEATH* was as follows:

Thyrotoxicosis

(Toxic adenoma thyroid)

(duration) 15? yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wards Chapel	11/24 1926
UNDERTAKER William Cook	ADDRESS Fole Road

Spec.—12-9-25—A Co.—200 Bks.

Dr Hyde - Kennedy ret Nov 26

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16131

CERTIFICATE OF DEATH.

90 E 16131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1917 Cecil Ave. St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Teresa J Ashley

(a) RESIDENCE NO. 1917 Cecil Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (Write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William M Ashley

6 DATE OF BIRTH (month, day, and year): Nov 16 1837

7 AGE: Years 89 | Months 0 | Days 6 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Jonathan Roberts

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Jane Thornton

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Mrs J Satterfield

(Address): 1917 Cecil Ave.

15 Filed....., 19 C. E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 16, 1925, to Nov 22, 1926, that I last saw her alive on Nov 20, 1926, and that death occurred, on the date stated above, at 9.15 a m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Hyde, M. D.

11/22, 1926 (Address) 1100 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial: Nov 24/1926

20 UNDERTAKER: Wm Cook ADDRESS: 512 E Chase

ec.—1-12-23—M&T—500 Blks.

16132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 East Bltc. ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paulina Flach

(a) RESIDENCE NO. 813 East Bltc. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry E. Flach

DATE OF BIRTH (month, day, and year) Dec 24 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	27	

81 11

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Pauline M. Parker

(Address) 813 East Bltc.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1924, to Nov 21, 1926, that I last saw her alive on Nov 20, 1926, and that death occurred, on the date stated above, at 6 20 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Diabetic gangrene

(duration) 2 yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? Asylum of Death

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? Clinical + Laboratory

(Signed) John S. Fiske, M. D.

11/21, 1926 (Address) 405 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov. 24 1926
20 UNDERTAKER	ADDRESS
J. Allan Cook & Co.	

c.—1-12-23—M&T—500 Bks.

E 16133 HEALTH DEPARTMENT—CITY OF BALTIMORE 38 E 16133

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar McCleary

(a) RESIDENCE NO. 1236 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 10 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo. B. McCleary

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Fannie Gorsuch

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mary E. McCleary (Address) 1236 W. Cross St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1926, to Nov. 22, 1926, that I last saw h[illegible] alive on Nov. 22, 1926 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Syphilitic cardio vascular disease C decompensation

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical Exam + autop

(Signed) Wm C Palmer M. D.

11 Nov. 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Clare

DATE OF BURIAL Nov 24 1926

20 UNDERTAKER W. H. Cook

ADDRESS 507 Eloundtree

Cor.—1-12-23—M&T—100 Bks.

E 16134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16134

CERTIFICATE OF DEATH.

179

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. St. Joseph Hospital ST. 10-2 WARD)

2-FULL NAME Charles C. Fisher

(a) RESIDENCE NO. 1113 Greenmount Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred all / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Graetta Fisher

DATE OF BIRTH (month, day, and year) April 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	7		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tinner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Ellicott City, Md

10 NAME OF FATHER Chris Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Clarissey Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Graetta Fisher
(Address) Oella& Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st & 2nd degree burns over almost entire body. Bed caught fire, probably from cigarette. Accidental

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Toxemia & shock

(duration) ... yrs. ... mos. ... ds.

(Signed) J. S. Collins, M. D.
(Coroner.)

11/23/26 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 11/24 1926

20 UNDERTAKER Ed McNabb — ADDRESS Catonsville

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16135

CERTIFICATE OF DEATH.

31

E 16135

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5520 Ethelbert St. 27-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maude Zieler

(a) RESIDENCE No. 5520 Ethelbert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred I3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick A. Zieler

6 DATE OF BIRTH (month, day, and year) August I6, I89I

7 AGE	Years	Months	Days	If LESS than I day, hrs. or min.
	35	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER .....Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frederick A. Zieler

(Address) 5520 Ethelbert Ave

15 Filed NOV 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1926.

17

I HEREBY CERTIFY, That I attended deceased from March 26th, 1925, to Mar. 22nd, 1926.

that I last saw her alive on Mar. 22nd, 1926.

and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

Exhaustion due to

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 8d yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis?

(Signed) Amelia V. Zimmerman M. D.

11/23/1926 (Address) 1805 W north ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md

DATE OF BURIAL Nov 25 26

20 UNDERTAKER Harry W. Witzke

ADDRESS 1531 W. London St

Spec.—I-10-21—M&T—1500 Bks.

16136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. E 16136

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raymond and Bakeland ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Gertz

(a) RESIDENCE NO. Waterburg, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Gertz

6 DATE OF BIRTH (month, day, and year) April 11, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Michael Abend

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant John Gertz

(Address) Millersville Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/19, 1926, to 11/20, 1926, that I last saw he alive on 11/20, 1926, and that death occurred, on the date stated above, at 9:00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Mills, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Millersville Md — DATE OF BURIAL Nov 25 1926

20 UNDERTAKER Harry H. Weitzel — ADDRESS 1531 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

Schlegel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16137

91-002 E 16137

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Pinkney Ave. ST., 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Schlegel

(a) RESIDENCE NO. 3007 Pinkney Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Schlegel

6 DATE OF BIRTH (month, day, and year) Feb. 21-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	29	1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Bonnet

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Hoffman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Charles Schlegel

(Address) 3007 Pinkney Ave.

15 Filed NOV 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from ——, 1921, to Nov. 20, 1926,

that I last saw h— alive on Nov. 20, 1926,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Frank A. Eleby, M. D.

Nov 22, 1926 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	Nov. 23 1926
20 UNDERTAKER	ADDRESS
Wendell Dippel & Son.	37 S Amer St.

Spec.—12-9-25—A Co.—200 Bks.

Dr Bishop

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

16138 E 16138

CERTIFICATE OF DEATH.

27-7

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 216 Cedar Croft Road St.____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Enid A. Harrison

(a) RESIDENCE NO. 216 Cedar Croft Rd St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lee Harrison

6 DATE OF BIRTH (month, day, and year): Aug 6. 1881

7 AGE — Years: 15 | Months: 3 | Days: 16 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)____

(State or country) Penna

PARENTS

10 NAME OF FATHER Samuel C Harrison

11 BIRTHPLACE OF FATHER (city or town)____

(State or country) Penna

12 MAIDEN NAME OF MOTHER Cornelia G. Robertson

13 BIRTHPLACE OF MOTHER (city or town)____

(State or country) Penna

14 Informant: Lee Harrison

(Address) 216 Cedar Croft Rd

15 Filed____ 19____ Registrar

NC

NOV 23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1926, to Nov 22, 1926

that I last saw h.. alive on Nov 22, 1926

and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis (Dura)

High Blood Pressure

(duration) ? yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage fair hours

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of____

Was there an autopsy?

What test confirmed diagnosis? Annual findings

(Signed) D. W. Bishop, M. D.

1926 (Address) 501 Sheridan Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Thomasville, Ga. Date of Burial: 11/23 1926.

20 UNDERTAKER: W. H. Cook ADDRESS: 502 E North Ave

Dec.—6-9-19—H. P. Co.—1000 Bks.

E 16139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 16139

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 W. 25th St. St.) 6-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjaman S. Lancaster

(a) RESIDENCE. No. 133 N. Ann St. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Lancaster

6 DATE OF BIRTH (month, day, and year): May - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Jesse Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Martha Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs Emma R. Boone

(Address) 112 W. 25th St

15 Filed NOV 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1926, to Nov. 21, 1926, that I last saw h alive on Nov 21, 1926, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) L. E. Richardson, M. D.

(Address) 112 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: 11/24/26 19

20 UNDERTAKER: Philip Henry

ADDRESS 2016 Orleans St

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16140

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 16140

REGISTERED NO.

ITY OF BALTIMORE: (No. 428 E North Ave ST. 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Margaret Florence Niles

(a) RESIDENCE NO. 428 E North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of ~~or) WIFE of~~ Rodney C Niles

DATE OF BIRTH (month, day, and year) June 23rd 1837

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	5	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Robert Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Mary Sipple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Fannie H Niles

(Address) 428 E North Ave

15 Filed 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22nd 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1926, to Nov 22nd, 1926, that I last saw h alive on Nov 22nd, 1926, and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Appoplexy

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Arthur C Manning M. D.

11/22 1926 (Address) 323 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 24 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

...ec.—6-9-19—H. P. Co.—1000 Bks.

...E 16141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90E 16141

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 W. Lexington ST. 18-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Kalb.

(a) RESIDENCE. NO. 915 W. Lexington ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: wht

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 5 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Michael Kalb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Annie E Kalb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Annie S. Kalb 915 W Lexington

15 Filed (19) Registrar

Pur

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 19 26

17

I HEREBY CERTIFY, That I attended deceased from Nov 14 19 26, to Nov 21, 19 26,

that I last saw h alive on Nov 21, 19 26,

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos. ds.

Pulm. Oedema

CONTRIBUTORY (Secondary)

(duration) yrs. mos. x ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F J Howard M. D

Nov 26 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 23 1926

20 UNDERTAKER: George Smith — ADDRESS 1532 Hollins

Spec. — 10-25-A.C. — 250 Blks.

E 16142 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ~ E 16142

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ____ St. 1-4 (Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Hall

(a) RESIDENCE NO. 915 S Ellwood St, St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15, 1883

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	43	9	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Working in Lunch Room
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) ____
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel L. Hall

11 BIRTHPLACE OF FATHER (city or town) ____
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mollie Dorsey

13 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) Baltimore Md

14 Informant Nora B Hall
(Address) 3307 Estes Ave

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1926.

17
I HEREBY CERTIFY, That I attended deceased from Aug. 9 1926, to Nov. 21, 1926, that I last saw h.... alive on Nov 21, 1926, and that death occurred, on the date stated above, at 7.50 a.m.

The CAUSE OF DEATH* was as follows:
Generalized Arteriosclerosis c
Myocardial Degeneration. —
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis c
Emphysema — (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted
If not at place of death? ____
Did an operation precede death? ____ Date of ____
Was there an autopsy? ____
What test confirmed diagnosis? ____

(Signed) P. Guiotte, M. D.
, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — Date of Burial Nov 24 1926

20 UNDERTAKER George J Smith — ADDRESS 1572 Hollins St

...—1-12-23—M&S—500 Bks.

~~7~~ 58

E 16143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 E 16143

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 6-1

...TY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Willie Mitchell

(a) RESIDENCE NO. 1535 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer School boy

BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Mitchell

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Deceased

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... . 19 ..... Registrar

Fel

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1926, to Nov 22, 1926, that I last saw h[illegible] alive on Nov 22, 1926, and that death occurred, on the date stated above, at 6 00 A. m.

The CAUSE OF DEATH* was as follows:

Septicemia - Staphylococcus

(duration) ... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Dr complicating, cause

(duration) ... yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Nov 20-26

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture

(Signed) Warfield Nelson M. D.

..., 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Nov 23 1926

20 UNDERTAKER Robert E Williams

ADDRESS 1515 McCulloh St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E-PLACE OF DEATH E 16144 REGISTERED NO. E 16144

CITY OF BALTIMORE: (No. 715 N Fremont Ave. ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Brown

(a) RESIDENCE NO. 715 N Fremont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of)

6 DATE OF BIRTH (month, day, and year) - - 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
66	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Chas L Brown (Address) 715 N Fremont Ave

15 Filed NOV 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Nov 21, 1926, that I last saw her alive on Nov. 20, 1926, and that death occurred, on the date stated above, at 12.40 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. T. Howell M. D.

11/22/1926 (Address) 1197 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md. Auburn Cemetery. DATE OF BURIAL: Nov. 24, 1926

20 UNDERTAKER: Mrs Katie A. Williams ADDRESS 322 N. Schroeder St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16145
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

45 E 16145
Registered No.

City of BALTIMORE: (No. 5214 Milton Hgts Av St., 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine L Steck

(a) Residence No. 5214 Milton Hgts Av St., Ward 27
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 14, 1854

7-AGE, 72 yrs. 2 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country), Balto Md

PARENTS:
10-NAME OF FATHER, Conrad Pinschmidt
11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany
12-MAIDEN NAME OF MOTHER, Elizabeth Benders
13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14- (Informant) Franklin Steck
(Address) 5214 Milton Hgts Av

15-
Filed ..... 19.. Registrar.
By .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov 22/926

17- I HEREBY CERTIFY, That I attended deceased from Aug 20, 1926, to Nov 22, 1926, that I last saw h.. alive on Nov 21, 1926, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles J Wells M. D.

, 19 (Address) 5242 Park Hgts Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Loudon Park	Nov 25, 1926
20-UNDERTAKER,	ADDRESS
George J Smith	1532 Hollins

c.—1-12-23—M&T—500 Bks.

16146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

18-002

E 16146

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Union Memorial Hosp ST. 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Sokal

(a) RESIDENCE No. (Union Memorial Hosp, ST., WARD

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Alias Louis Rebecca Sokal

DATE OF BIRTH (month, day, and year) July 20, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Leon Sokal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Kleiman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

PARENTS

14 Informant Louis Sokal. (Address) Newark N. J.

15 Filed NOV 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1926, to Nov 22, 1926, that I last saw him alive on Nov 22, 1926, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Nov. 15, 1926

Was there an autopsy? No –

What test confirmed diagnosis? Clinical picture

(Signed) J. E. Brin, M. D.

, 19 (Address) Union Mem. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Ark N.J.	Nov 24 26
20 UNDERTAKER	ADDRESS
John O. Mitchell	1201 W. Fayette

Spec.—1-10-21—M&T—1500 Bks.

Laurenda Thompson ✓ 1926. 5-7

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16147 — 401 — 74E 16147 — 1869.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Fayette and Eutaw St. 16-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lauvinda Thompson

(a) RESIDENCE NO. 1143 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 30 1869

7 AGE — Years: 57 — Months: 8 — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): 1419 Eutaw St

(c) Name of employer: Mrs. H. Murrial

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: John Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Virginia

12 MAIDEN NAME OF MOTHER: Sophia Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Virginia

14 Informant: Mrs Martha Jones
(Address): 1143 N. Carey St

15 Filed NOV 23 1926, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/20, 1926, to 11/23, 1926, that I last saw her alive on 11/23, 1926, and that death occurred, on the date stated above, at 6:05 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilitation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dundalk — DATE OF BURIAL: 11-26

20 UNDERTAKER: Farmer & Ulrich — ADDRESS: 431 Park

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16148

CERTIFICATE OF DEATH.

90 E 16148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1101 S. Carrollton Ave (ST.) 18-3 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. H. Tynan

(a) RESIDENCE NO. 110 S Carrollton ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mak

4 COLOR OR RACE: Whit

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Tynan

6 DATE OF BIRTH (month, day, and year): Aug. 21/65.

7 AGE — Years: 61. Months: 3 Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John. Tynan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Elizabeth Tynan
(Address) 110 S Carrollton ave

15 Filed ..... 19 ..... Registrar
Nov 23 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1926, to Nov. 21, 1926, that I last saw him alive on Nov. 21, 1926 and that death occurred, on the date stated above, at 4.47 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. D. Driscoll, M. D.

11/21, 1926 (Address) 1211 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — DATE OF BURIAL: Nov 24 1926

20 UNDERTAKER: John J Fields — ADDRESS: 1200 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

E 16149

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 16149

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE; (No. 108 Cherry St., 25-11 Ward)

2-FULL NAME James Lenhart

(a) RESIDENCE NO. 108 Cherry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 1870

7 AGE — Years: 56 — Months: 9 — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Austria

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Austria

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Austria

14 Informant: Jas S Lenhart

(Address): 920 Remington ave

Filed 3-11-1926 C. E. WILSON JONES, M. D. Registrar

Per RPM

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22. 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 18, 1926, to Nov 22, 1926, that I last saw him alive on Nov 22, 1926, and that death occurred, on the date stated above, at 5. a.m.

The CAUSE OF DEATH* was as follows:

Chron Valvular Heart Dis & Nephritis

(Duration) Two Hist mos. 10 days

CONTRIBUTORY (Secondary): Myocarditis

(duration) ... yrs. 2 mos. ... ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L J Darlington, M. D.

11.22 1926 (Address) 102 E Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: Nov 24 1926

20 UNDERTAKER: Frank Crockson — ADDRESS: 1406 L Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16150

E 16150

CERTIFICATE OF DEATH.

188-013

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 516 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME May Marschutz

(a) RESIDENCE NO. 2213 Linden Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 17th 1849

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Louis Marschutz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Koufman

(Address) Alhambra Apt

15 Filed 1926 C. F. KRUSE, Jr., Registrar

For Health

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Fracture of Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

Signed [illegible] M. D.

(Coroner)

, 19 (Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Date of Burial 11/23/26

20 UNDERTAKER J. Ahrens & Co ADDRESS 3314 Pennsylvania Ave

For.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16151

CERTIFICATE OF DEATH.

E 16151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3803 Clifton ST. 15-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dora Meyers

(a) RESIDENCE NO. 3803 Clifton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	M

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo E Myers

DATE OF BIRTH (month, day, and year) Sept 14 72

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	2	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butter & Egg

(b) General nature of industry, business, or establishment in which employed (or employer) Stall 045

(c) Name of employer Market

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Peter Kessler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Merryman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Ella Myers

(Address) 3803 Clifton ave

15 Filed ..... 192 ..... Registrar

2 3 1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Arterio Sclerosis 1

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epithelioma 1

(Duration) yrs. mos. ds.

Nov 21/26 1926 Hidden, M. D.

(Coroner)

, 192 (Address) 143 W 13 way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Black Rock Balto Co Md

DATE OF BURIAL Nov 23 1926

20 UNDERTAKER Wm M Routson

ADDRESS 220 W Mulberry

Spec.—12-9-25—A Co.—200 Bks.

E 16152

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001

E 16152

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1125 Hanover St. 23-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma M. Marley

(a) RESIDENCE NO. 1125 Hanover St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 3 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	62	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cashier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

10 NAME OF FATHER: Henry Marley

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary A. Hatline

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Miss C. Marley

(Address): 1125 Hanover St.

15 Filed 1926 Registrar Dr. Dibel.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/20 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1926, to Nov 20th, 1926, that I last saw h[illegible] alive on Nov 19th, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical examination

(Signed) [illegible], M. D.

(Address) 1214-16 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. Date of Burial: Nov. 24 1926

20 UNDERTAKER: Margaret L. Flynn ADDRESS: 1422 Light St.

Cor.—1-12-28—M&T—100 Bks.

16153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 32 WARD)

REGISTERED NO. 66

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dixon Dickson

(a) RESIDENCE No. 240 Bethel ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) .....
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

PARENTS

14 Informant .....
(Address) C. EMMET JONES, M. D.

Filed NOV 3 1926 Per 192 ..... Registrar

0812 THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

(Signed) G C Bluds, M. D.
(Coroner.)

Nov 13/26 (Address) 1425 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

Commissioner Health. NOV 5 1926

Per. Wm. H. WOODALL

Spec.–12-23-21–E.B.P.S.–400 Bks.

E 16154 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16154

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland Penitentiary (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Knott

(a) Residence No. 1712 McCollough St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Black

5-Single, Married, Widowed, or Divorced, (Write the word.): Divorced

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Lowla Knott,

6-DATE OF BIRTH (month, day and year): Nov. 1- 1883

7-AGE: 43 yrs. 5 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Miner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Alabama

PARENTS:

10-NAME OF FATHER: Madison Meriweather Knott

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Alabama

12-MAIDEN NAME OF MOTHER: Sara Davis

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Alabama

14-

(Informant): Md. Penitentiary

(Address): 32 Forest St

Filed 192 Registrar.

0811 THE MORGUE

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov. 16 - 1926

17- I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1926 to Nov. 16, 1926

that I last saw h alive on Nov. 16 1926

and that death occurred, on the date stated above, at 9.04 a.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 12 ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert L. Anderson M. D.

11/16, 1926 (Address) Md. Penitentiary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.

DATE OF BURIAL. NOV. 22, 1926

20-UNDERTAKER.

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16155

E 16155

CERTIFICATE OF DEATH.

66

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 24-1

2-FULL NAME Michael Mahoney.

(a) RESIDENCE NO. Do not know. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	About 60	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) 40 0

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

~~3 1925~~ ~~C. EMPSON, Jones, M.D.~~ Pres

15 Filed_____ 19 THE MORGUE. Registrar

0809

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 7, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

11/15 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Found at Lee & Charb St. Nov. 7, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL NS HOPKINS HOSPITAL Date of Burial NOV 23 19 1926

20 UNDERTAKER Commissioner Health. ADDRESS

Per. WM. H. WOODALL

—1-12-23—M&T—500 Blks.

E 16156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-901 E 16156

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 2907 Riggs Avenue ST. 16-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Weikel

(a) RESIDENCE NO. 2907 Riggs Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Weikel

DATE OF BIRTH (month, day, and year) Oct. 31, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	--	20 21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter -for self

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 0 60

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Peter Weikel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christin Scherer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Florence S. Weikel

(Address) 2907 Riggs Avenue

15 Filed 12 3 1926, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1926, to Nov 21, 1926, that I last saw him alive on Nov 21, 1926, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Clinical Symptoms

What test confirmed diagnosis?

(Signed) Jos Weikel, M. D.

(Address) 1123 Poplar Grove St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov. 25 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 Park Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16157

CERTIFICATE OF DEATH.

90 E 16157

15-12

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1733 Friendsbury Street. St._____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth January

(a) RESIDENCE NO. 1733 Friendsbury Street. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late George W. January

6 DATE OF BIRTH (month, day, and year) August 11, 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) MD.

PARENTS

10 NAME OF FATHER John Schwalm

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Schule

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr Lawrence January

(Address) 1733 Friendsbury Street.

15 Filed_____ 19____ Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1926, to Nov 22, 1926, that I last saw her alive on Nov. 20, 1926 and that death occurred, on the date stated above, at 3.45 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Prof. Hemmeter, M. D.

11/23 1926 (Address) 3002 Germain Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Park Cemetery — Nov 25, 1926

20 UNDERTAKER Jos Joerdens Son — ADDRESS 2178 S. Pac...

...—1-12-23—M&T—500 Bks.

E 16158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16158

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 W. Lexington ST. 4-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francesco Miciche

(a) RESIDENCE No. 602 W. Lexington ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mary Anna Miciche

DATE OF BIRTH (month, day, and year) Feb 15 - 1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Stefano Miciche

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Rosalia Russo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant Joseph Miciche

(Address) 531 Richwood Ave

15 Filed NOV 23 1926, 19 ... Registrar

N. B.—WRITE ... mation sh... CAUSE OF ... TION is ver...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1926, to Nov 22, 1926

that I last saw h... alive on Nov 22, 1926

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. DiStefano, M. D.

Nov 22 1926 (Address) 407 N Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 11/24 1926

20 UNDERTAKER: J J Fahey & Son — ADDRESS: 1318 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

E 16159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 16159

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1014 Denver St. 21-3 Ward)

2-FULL NAME Gloria M. Marshall

(a) RESIDENCE NO. 1014 Denver St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5, 1926

7 AGE — Years: — Months: 6 — Days: 18 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Ellsworth Marshall

11 BIRTHPLACE OF FATHER (city or town) Harford Co. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Hazel Ellis

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Mrs. Hazel Marshall

(Address) 1014 Denver St

15 Filed C. PAWSON, JR. (?) 19____

B 1926 By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1924

17

I HEREBY CERTIFY, That I attended deceased from Nov 5 1926, to Nov 22, 1924

that I last saw h alive on Nov 22, 1924,

and that death occurred, on the date stated above, at 9-30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) Exhaustion (duration) ____ yrs. ____ mos. 17 ds.

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. K. Campbell M. D.

(Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Nov 25 1924

20 UNDERTAKER: Margaret S. Flynn — ADDRESS: 1417 Light St.

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16160

CERTIFICATE OF DEATH.

E 16160

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ..... ST., 7-1 ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James W Loveland

(a) RESIDENCE NO. Hackensack, N J ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lucia A. Ellis

DATE OF BIRTH (month, day, and year) March 4th 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Mass.

10 NAME OF FATHER James Loveland

11 BIRTHPLACE OF FATHER (city or town) Mass
(State or country)

12 MAIDEN NAME OF MOTHER Loretta Nickerson

13 BIRTHPLACE OF MOTHER (city or town) Mass
(State or country)

14 Informant Ruth Loveland
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22nd, 1926, to Nov 23rd, 1926,

that I last saw h.. alive on Nov. 23rd, 1926,

and that death occurred, on the date stated above, at 1451 m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Glioma,
Recurrent - Malignant

(duration) ..... yrs. 11 mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ..... March 20th 1926

Did an operation precede death? Yes Date of Nov. 22nd 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) George E. Tracy, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL Nov 26 1926

20 UNDERTAKER ..... ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16161 | CERTIFICATE OF DEATH. | 16 001 E 16161

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Woman's Hospital.

CITY OF BALTIMORE: (No. John + Lafayette ST., 14-W WARD)

2-FULL NAME Baby Hartman

(a) RESIDENCE NO. Woman's Hospital ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of No.

6 DATE OF BIRTH (month, day, and year) 11-21-26.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John A Hartman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mabel Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mother (Address) .....

15 Filed DEC 24 1926 19 Registrar C. H. ROBINSON JONES, M.D.

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-21-26 19

17 I HEREBY CERTIFY, That I attended deceased from 6:00 A.M. 11-21 , 19 26 , to 7:30 A.M. 11-21 , 19 26;

that I last saw him alive on 11-21-26. , 19 ;

and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Maternal Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Therapeutic abortion Date of 11-21-26.

Was there an autopsy? No.

What test confirmed diagnosis? .....

(Signed) John D. Murray Jr. M. D.

11-27-26 (Address) 9 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carnegie Laboratory

DATE OF BURIAL 19

20 UNDERTAKER of Embryology.

ADDRESS .....

Spec.—1-10-21—M&T—1500 Blks.

Sidney Hall

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 16162

CERTIFICATE OF DEATH.

57 E 16162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N Spring ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sidney Hall

(a) RESIDENCE NO. 825 N Spring WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Wid

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John P. Hans

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 55 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Brooklyn Md

PARENTS

10 NAME OF FATHER: Joseph Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Carrie Stepp 1612 E Lombard st

15 Filed NOV 24 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 19 26 to Nov 20, 19 26, that I last saw h alive on Nov 15, 19 26, and that death occurred, on the date stated above, at 8.30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Influenza - Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Benj Hans M. D.

19 (Address) 385 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: WM A Berman Cemetery — DATE OF BURIAL: Nov 24 1926

20 UNDERTAKER: Jos. F. H. Rochester — ADDRESS: 1443 Jefferson st.

Spec.—1-10-21—M&T—1500 Bks.

E 16163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 16163

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1448 Block ST., 33 WARD)

2-FULL NAME Harry Clark

(a) RESIDENCE NO. 1448 Block ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. ——— mos. ——— ds. How long in U. S., if of foreign birth? ——— yrs. ——— mos. ——— ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowers

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Trowers

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O H O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oslo, Md

PARENTS

10 NAME OF FATHER Robt Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER Nettie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Annie Waters (Address) 1446 Block St

15 Filed NOV 24 1926 19 For ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1926, to Nov 21, 1926

that I last saw him alive on Nov 19, 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry F Brown M.D.

Nov 24, 1926 (Address) 1916 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	11/24/26
20 UNDERTAKER Conner & Brusley	ADDRESS W Fayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16164

CERTIFICATE OF DEATH.

REGISTERED NO. E 16164

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Boone

(a) RESIDENCE NO. 1021 Druid Hill Avenue Ward Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 (Single) Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O.T.D.

(c) Name of employer

9 BIRTHPLACE (city or town) N.C.
(State or country)

PARENTS

10 NAME OF FATHER Tony Boone

11 BIRTHPLACE OF FATHER (city or town) N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Maggie Boone

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N.C.

14 Informant B C & R Rwds
(Address)

15 Filed NOV 24 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Nov - 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-15-1926, to 11-22-1926, that I last saw him alive on 11-22-1926, and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:
Appendicial Abscess -

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Generalized peritonitis -
terminal Bronchio-pneumonia
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at home -

Did an operation precede death? yes Date of Nov 16 - 26

Was there an autopsy? yes -

What test confirmed diagnosis? Clinical diagnosis

(Signed) Tom Johnson, M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va — Date of Burial 11/24 19 26

20 UNDERTAKER James D Kemsley — ADDRESS 5078 Bdle

Spec.—1-10-21—M&T—1500 Bks. (Milton a Jung.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16165

CERTIFICATE OF DEATH. 11-602

E 16165

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Greenmount Ave ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton a Jung

(a) RESIDENCE NO. 2109 Greenmount ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 20 1907

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
19	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Silver Chaser

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Caspar Jung.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Anna Thiel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm Thiel

(Address) 2109 Greenmount

15 Filed 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 26.

17 I HEREBY CERTIFY, That I attended deceased from Nov 13 1926, to Nov 22 1926

that I last saw h~~e alive~~ on Nov 22 1926

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. A. Mahoney M. D.

Nov 22 1926 (Address) 1124 W. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery

DATE OF BURIAL Nov 27 1926

20 UNDERTAKER John Merrick

ADDRESS 208 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16166

E 16166

CERTIFICATE OF DEATH

REGISTERED NO. 129

1-PLACE OF DEATH Homewood Hosp.

City of BALTIMORE: (No 2724 N Charles St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary B Schwenk.

(a) RESIDENCE NO. 702 S 7th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E Schwenk.

6 DATE OF BIRTH (month, day, and year) Nov 29 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32 33	11	23 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Edward Barney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Catherine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balt.

14 Informant Wm. E. Schwenk

(Address) 702 S. 7th St.

15 Filed NOV 24 1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1926 19

17 I HEREBY CERTIFY, That I attended deceased from June, 19..25.., to Nov 22, 19..26.., that I last saw h.e alive on Nov 21, 19..26.., and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) , M. D.

, 19 (Address) 1534 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem Date of Burial Nov 24 1926

20 UNDERTAKER John Ulrich ADDRESS 2125 Orleans.

Cor.—1-12-26—M&T—100 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16167

CERTIFICATE OF DEATH.

E 16167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Glenmore Ave Rassburg WARD) 12-7-11

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jane Dorsey

(a) RESIDENCE NO. 305 Glenmore Ave Rasburg WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of late Richard S. Dorsey

DATE OF BIRTH (month, day, and year) Mar 9/1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick Unger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Deibert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. L. B. Wakeman
(Address) 305 Glenmore Ave.

15 Filed 12 4 1926 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. N. Patterson, M. D.
(Coroner.)

11-27-26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov. 24 1926
20 UNDERTAKER Frederick Rosamond Sons	ADDRESS Fullerton

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16168

CERTIFICATE OF DEATH.

40 E 16168

REGISTERED NO._____

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No._____ St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Wilson

(a) RESIDENCE NO. 315 Forest St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE: Years 26 | Months — | Days — | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Unknown

14 Informant Mrs Mary Bishop

(Address) 1322 Smith St

15 Filed DEC 24 1925, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 19 25

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1925, to Nov 20, 1925, that I last saw h.. alive on Nov 20, 1925, and that death occurred, on the date stated above, at 6 30 p.m.

The CAUSE OF DEATH* was as follows:

Peritonitis & Bacteremia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/17/25

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. G. Motta, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial Nov 24/25

20 UNDERTAKER: James Easton — ADDRESS 716 Eq ave.

Minnie Goines

.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16169

CERTIFICATE OF DEATH.

159-002

E 16169

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1129 E Fayette St. WARD)

2-FULL NAME Minnie Lee Goines

(a) RESIDENCE NO. 1129 E. Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 4 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		4	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... mo.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Robert Goines

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Va

12 MAIDEN NAME OF MOTHER Rose Lewis

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Va.

14 Informant Rose Goines.
(Address) 1129 E Fayette St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1926, to Nov 22, 1926,
that I last saw he alive on Nov. 22, 1926
and that death occurred, on the date stated above, at 7.20 a. m.
The CAUSE OF DEATH* was as follows: Carcinoma of Heart Lung

(duration) yrs. 4 mos 20 ds.

CONTRIBUTORY (Secondary) Debilitation (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Albert Jule, M. D.

, 19 (Address) 2028 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 27 1926
20 UNDERTAKER Hamilton	ADDRESS 946 Penna.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16170

CERTIFICATE OF DEATH.

117

REGISTRATION NO. E 16170

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Maryland General Hosp. ST. 27-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jacob Schneider

(a) RESIDENCE NO. 46 Wolfe St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mary J. Schneider

6 DATE OF BIRTH (month, day, and year) Oct 19, 1854

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary Schneider

(Address) Home

15 Filed 19 C. E. BRESNAHAN, M.D. Registrar

NOV 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-22-26

17 I HEREBY CERTIFY, That I attended deceased from 11-15-26, 19 , to 11-22-26, 19 ,

that I last saw h/pt alive on 11-22-26, 19 ,

and that death occurred, on the date stated above, at 7.10 A.m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix c peritonitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia - Toxemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11-15-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Nov. 24-1926

UNDERTAKER Horace H. Burgee — ADDRESS 1631 Fallsd

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16171

CERTIFICATE OF DEATH.

74-001 E 16171

E 16171

REGISTERED NO. E 16171

1-PLACE OF DEATH

City of BALTIMORE: (No. 844 Sharp St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Claiborne Barksdale

(a) RESIDENCE NO. 844 Sharp St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Katie Barksdale

6 DATE OF BIRTH (month, day, and year) (1)

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
5 5			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer (P.)

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Aaron Barksdale

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Anna Booker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant James Matthews

(Address) 844 Sharp St

15 Filed 19 Registrar

12 4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 19 1926, to Nov 20, 1926, that I last saw him alive on Nov. 20, 1926, and that death occurred, on the date stated above, at 2.15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. T. Campbell M. D.

11/30 1926 (Address) 805 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial Dec 4 1926

20 UNDERTAKER R L Parham ADDRESS 1216 E Shaft

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 16172

CERTIFICATE OF DEATH.

E 16172

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Hebrew Home for Incurables St. 6-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Wiener Rosenberg

(a) RESIDENCE NO. Hebrew Home for Incurables St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 Color or Race white

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruvin Rosenberg

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years 59 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia

(State or country)

PARENTS

10 NAME OF FATHER Ephriam Klavanski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Riva Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Albert Winer

(Address) 1341 H. St. N.E., Washington, D.C.

15 Filed 19 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Waller M. D.

(Coroner)

11-23-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Run Date of Burial 11/24 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16173

CERTIFICATE OF DEATH.

90

E 16173

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Thornley Lieb St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME 1505 Eutaw Place Bessie Cohen

(a) RESIDENCE NO. 614 Brooks Lane St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Cohen

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Salzberg

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Louis Cohen

(Address) 614 Brooks Lane

15 FILED 1926 [illegible] M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (secondary) Exhaustion

(duration) yrs. mos. 1 ds.

Nov 24 26 (Signed) T. C. Blades M. D. (Coroner)

(Address) 143 W. Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem Date of Burial 11/26 1926

20 UNDERTAKER Jack Lewis ADDRESS 1439 E [illegible] St

NOV 24 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16174

E 16174

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. ST., 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Florence Erbaugh

(a) RESIDENCE NO. 5924 Barnard ST., WARD Harrisburg Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 24, 1906

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or min.
20	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Penbrook, Pa.

PARENTS

10 NAME OF FATHER Horace E. Stus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrisburg Pa.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Horace E. Stus

(Address) 2617 Hassebrug Pa

15 Filed Dec 24 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1926, to Nov. 23, 1926, that I last saw her alive on Nov. 23, 1926, and that death occurred, on the date stated above, at 335 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 6 mos 6 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. H. Moore M. D.

. 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HARRISBURG PA

DATE OF BURIAL 11/26 1926

20 UNDERTAKER Robert Brookseson

ADDRESS Calhoun & Harding St

—1-12-23—M&T—500 Bks.

16175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 100-001

E 16175

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. University Hosp. ST. 4-1 WARD)

2-FULL NAME John Welsh.

(a) RESIDENCE NO. Savage, md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	infant

If married, widowed, or divorced
HUSBAND of
or) WIFE of infant.

DATE OF BIRTH (month, day, and year) Aug. 28, 1926.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or..... min.
		2	26.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) Md Savage
(State or country)

10 NAME OF FATHER E. Welsh

11 BIRTHPLACE OF FATHER (city or town) La Plata
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Hall

13 BIRTHPLACE OF MOTHER (city or town) Upper Marlboro
(State or country) Md.

14 Informant mother
(Address)

15 Filed NOV 24 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1926 to Nov. 23, 1926, that I last saw h—alive on Nov. 23, 1926, and that death occurred, on the date stated above, at 10:55 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elizabeth Sherman, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Md	Nov 26 1926
20 UNDERTAKER Geo. E. Trench	ADDRESS Laurel Md

Cor.—1-12-23—M&T—100 Bks.

E 16176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16176

CERTIFICATE OF DEATH.

X 37-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Scott

(a) RESIDENCE NO. Reistertown Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

If married, widowed, or divorced HUSBAND of (or) WIFE of xx x

DATE OF BIRTH (month, day, and year) July 30/1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	23	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

10 NAME OF FATHER Thomas Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md

12 MAIDEN NAME OF MOTHER Ella Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md

Informant Thomas Scott

(Address) Reistertown MD

Filed 4 1926 C. Emerson Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Miliary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner.)

11/24/20 192 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pinery Grove Cemetery	Nov 25 192 6
20 UNDERTAKER	ADDRESS
J F Edwards Sons	Reisterstown Md

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16177.

CERTIFICATE OF DEATH.

3 VE 16177

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1528 Hoxsalley St., 2-2 Ward)

2-FULL NAME Mattie Rochester

(a) RESIDENCE NO. 1528 Hoxsalley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sam Brown.

6 DATE OF BIRTH (month, day, and year): April 11 1894.

7 AGE: Years 32. Months 7 Days 11 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: at home

9 BIRTHPLACE (city or town)_____

(State or country) North Carolina

PARENTS

10 NAME OF FATHER Howard Rochester

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) South Carolina

14 Informant Sam Brown

(Address) 1526 Dot Court

15 Filed 1926 C. HAMPSON JONES Registrar

For _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) One yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) 1 yrs. ___ mos. ___ ds.

(Signed) James H. Pearson M. D.
(Coroner)

11/23 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen Cemetery — Date of Burial: Nov. 24 1926.

20 UNDERTAKER: Wendell J. Appel — ADDRESS: 300 Eden St

—1-12-23—M&T—500 Blks.

16178

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16178

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... ST. 7-1 WARD)

2-FULL NAME Robert Lewis Jones

(a) RESIDENCE NO. 1039 Lenox Ave Memphis Tenn ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	W	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie C Jones

DATE OF BIRTH (month, day, and year) July 11 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 00

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Miss

10 NAME OF FATHER R. L. Jones

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Eliz Hamton

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Hospital Records.
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar.
4 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1926, to Nov 23, 1926, that I last saw h alive on Nov 23, 1926, and that death occurred, on the date stated above, at 11,50 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis — B coli

(duration) ..... yrs. 5 mos 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Memphis Tenn

Did an operation precede death? Yes Date of Nov 11 26

Was there an autopsy? No

What test confirmed diagnosis? Cultures

(Signed) Warfield M Jones, M. D.

, 19 (Address) JHH.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Memphis Tenn — DATE OF BURIAL Nov. 25 1926

20 UNDERTAKER John A. Whitehead — ADDRESS 120 N. Eutaw St.

—1-12-26—M&T—500 Blks.

E 16179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16179

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ..... ST., ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Franklin Hamilton

(a) RESIDENCE NO. 2025 Regent Place ST., Brooklyn, N.Y. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) about October 7th 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	1	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Brooklyn
(State or country) N.Y.

10 NAME OF FATHER D. Franklyn Hamilton

11 BIRTHPLACE OF FATHER (city or town) N.Y.
(State or country)

12 MAIDEN NAME OF MOTHER Helen Hamilton

13 BIRTHPLACE OF MOTHER (city or town) N.Y.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 4 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1926, to Nov 24, 1926, that I last saw h(is) alive on Nov 24, 1926, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

(duration) ..... yrs. 1/2 mos ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 11/20/26.

Was there an autopsy? Partial (Brain).

What test confirmed diagnosis?

(Signed) Thomas W Cormode M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brooklyn, N.Y.

DATE OF BURIAL Nov 24 19

20 UNDERTAKER W. J. Gabriel Sons

Spec—12-23-21—E.B.R.S.—400 Bks.

(Lingg)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16180

CERTIFICATE OF DEATH.

E 16180

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 67 Walla Hill Road 38-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henrietta Lingg — Mrs Herb

(a) Residence No. 67 Walla Hill Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. f

4-COLOR OR RACE, wh

5-~~Single~~, ~~Married~~, Widowed, ~~Divorced~~, (Write the word.) Widow

6-If ~~married~~, widowed, or ~~divorced~~ (HUSBAND of) WIFE of Michael Lingg

7-DATE OF BIRTH (month, day and year) June 12, 1843

8-AGE 83 yrs. 5 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country) Penna

PARENTS.

10-NAME OF FATHER Joseph Felix

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Sarah Adams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Unknown

14-(Informant) Harry Lingg

(Address) 67 Walla Hill Road

15-

Filed ....., 192.. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 24, 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1926 to Nov. 24, 1926

that I last saw b[illegible] alive on Nov. 23, 1926

and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis,

Chronic Interstitial Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Coma

(Duration) yrs. 5 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Metzel M. D

Nov. 24, 1926 (Address) 1903 W. Northav

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 11 | 27 | 26

20-UNDERTAKER. Wm Cook — ADDRESS 1126 Lom[illegible]

FILED 1926 C. EURSON JONES, M. D. Registrar

—1-12-23—MAT—500 Blks.

E 16181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16181

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Joseph's Hosp. ST. W-2 WARD)

2-FULL NAME Mrs. Alice E. Thorne

(a) RESIDENCE No. 3314 Frederick Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of: Walter H. Thorne

DATE OF BIRTH (month, day, and year): Aug. 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Wm. A. Hogarth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Savage Md.

12 MAIDEN NAME OF MOTHER: Ambrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Loch Raven Md.

Informant: Sally A. Hogarth

(Address): 3314 Frederick Ave

Filed 4 1926 (C. EMERSON JONES, M. D.)

Per RRA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/20 1926

17

I HEREBY CERTIFY, That I attended deceased from 3/20/ 1926 to 11/23 1926,

that I last saw h alive on 11/20 1926,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(duration) yrs. 8 mos 3 ds.

CONTRIBUTORY (Secondary): Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno. M. Fulling, M. D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemy	Nov 26, 26
20 UNDERTAKER	ADDRESS
Wm. Cook	502 E. Monu

Spec.—12-9-25—A Co.—200 Bks.

E 16182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 16182

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. _____ St. 4-1 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Spencer

(a) RESIDENCE NO. Loplox Rd. Berger Ward 11th

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Spencer

6 DATE OF BIRTH (month, day, and year): March 24, 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
56	48	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: S. K. Realty Co

9 BIRTHPLACE (city or town) _____

(State or country): Maine

PARENTS

10 NAME OF FATHER: Moses D. Spencer

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Me

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Me

14 Informant: Alice D. Geisser

(Address): Middle River Md

15 Filed ..... 19 .....

Registrar

4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1926 to Nov 22, 1926, that I last saw h... alive on Nov 22, 1926, and that death occurred, on the date stated above, at 2:15 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) L. L. Motta, M. D.

, 19 (Address) Mercy Hospital City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 11/26 1926

20 UNDERTAKER: J. M. Cook — ADDRESS 502 E North Ave

Dec.—1-10-21—M&T—1500 Bks.

E 16183

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16183

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1115-N-Calvert ST. 11-3 WARD)

2-FULL NAME Mary Tyler Gatchell Fisher

(a) RESIDENCE NO. 1115-N-Calvert ST., ... WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 81 yrs. 3 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ellicott Fisher

7 DATE OF BIRTH (month, day, and year) Aug-1-1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Frederick Maryland

PARENTS

10 NAME OF FATHER Dr. Smith Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Maryland

12 MAIDEN NAME OF MOTHER Leentia Ballzell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Maryland

14 Informant Miss Helen B. Gatchell (Granddaughter)
(Address) 1115-N-Calvert St.

15 Filed 1926 C. FRANPSON JONES, M. D. Registrar
Dep

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23 1926

17 I HEREBY CERTIFY, That I attended deceased from ..... 1924 to 11-23 1926.

that I last saw h ER alive on 11-17 1926,

and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebral
~~Pneumonia~~ Hemorrhage.

(duration) 1 yrs. — mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) John A. Dorsey, M. D.

, 19 (Address) 1129 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL Nov 25 1926

20 UNDERTAKER Stewart Moran & Co. — ADDRESS 1018 N Mt St

c.—1-12-23—M&T—500 Bks.

E 16184 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 38 E 16184

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Oliver Bailey.

(a) RESIDENCE NO. 209 W. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black.	child.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of child.

DATE OF BIRTH (month, day, and year) Mar 18, 1922.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Otha Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Charlotte Hayman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant mother (Address)

15 Filed 1926 C. E. HARRISON JONES, M. D. Per 0815 RRN Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1926, to Nov 18, 1926, that I last saw h[illegible] alive on Nov. 18, 1926, and that death occurred, on the date stated above, at 11.5. m.

The CAUSE OF DEATH* was as follows:

Cerebral tumor, generalized tuberculosis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Bronchs-pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Elizabeth Sherman, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL NOV 22 19 192[illegible]

20 UNDERTAKER Commissioner Health.

ADDRESS

Cor.—1-12-23—M&T—100 Bks.

E 16185 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 16185
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 E. Fairmount Ave. 5-1 WARD)

2-FULL NAME Charles Mack
1421 E. Fairmount Ave

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	col	unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 40			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ..... O'K'D
(c) Name of employer .....

BIRTHPLACE (city or town) .....
(State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

Informant N.E.Police Dept
(Address)

Filed ..... 192 ..... Per RRH Registrar

4 0826 0846 MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Alcoholism

(Found dead in bed)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. K. Weiss, M. D.
(Coroner.)

11/21/26 192 (Address) 506 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 192

20 UNDERTAKER .....

ADDRESS .....

C. Reese Jones, M. D.
Commissioner Health.

NOV 24 1926

...r.—1-12-23—M&T—100 Bks.

E 16186 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16186

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Ulrich Alley ST., 3-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Horace Hills.

(a) RESIDENCE NO. 1430 Ulrich ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45Y			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant
(Address)

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 1 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) E Lawton

(duration) 3 yrs. 1 mos. 1 ds.

(Signed) G C Hudson, M. D.
(Coroner.)

Nov 14 192 (Address) 148 W Ireland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL 192

20 UNDERTAKER ADDRESS

G. HARRISON JONES, M. D. Commissioner Health.

NOV 14 1926

4 1926 192 RTK Registrar

817

Dec.—1-10-21—M&T—1500 Bks.

16187 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16187

CERTIFICATE OF DEATH. X 99-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincent's Infant Asylum ST.) WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie O'Tracy

(a) RESIDENCE NO. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1926-5-24

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	25 24	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Smithburg (State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed 1926 19 RRW Registrar

0818

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Nov. 23, 1926, that I last saw her alive on Nov. 23, 1926, and that death occurred, on the date stated above, at 10 Am.

The CAUSE OF DEATH* was as follows:

Pulmonary Haemorrhage

(duration) yrs. mos 1/2 hr

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Those of Haemorrhage

(Signed) Walter C Bacon M. D.

11/23/26 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

29 UNDERTAKER Commissioner Health.

ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16188

E 16188

CERTIFICATE OF DEATH.

161-001

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1010 Westerling Court St., 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME _____ Mayers

(a) RESIDENCE NO. 1010 Westerling Court St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): —

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 23 /26

7 AGE: Years ____ Months ____ Days ____ IF LESS than 1 day.....hrs. or.....min.: 1/2 hr

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) ____

(State or country): Balto md

PARENTS

10 NAME OF FATHER: Clifton Simmons

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country): Wash D.C.

12 MAIDEN NAME OF MOTHER: Beulah Mayers

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country): Balto md

14 Informant: Beulah Mayers

(Address): 1010 Westerling Ct

Filed ____ 19 ____ C. E. THOMPSON, Jr., M. D. Registrar

4 1926 0821 Bur

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 /26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature

7/12 months gestation

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Patton M. D.

(Coroner)

11/24/26 (Address) 508 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial: NOV 24 1926

20 UNDERTAKER: (f) Commissioner Health. ADDRESS

For Wm. F. WOODALL

1-12-23—MAT—500 Blks.

16189

HEALTH DEPARTMENT—CITY OF BALTIMORE E. 16189

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1098 Durham ST. F-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Decel

(a) RESIDENCE NO. 1098 Durham ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 63 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) April 23 1845

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Milch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara Decel
(Address) 1098 Durham

15 Filed ... 19 ... C. EMERSON JONES, M. D.
4 1926 For ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1926, to Nov 23, 1926, that I last saw her alive on Nov 22, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Geo. H. Keller, M. D.

11/26, 19 (Address) 1937 Brough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Nov 26 1926

20 UNDERTAKER Wendell Dippel & Son — ADDRESS 375 Conn

r.—1-12-23—M&T—100 Bks.

16190 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16190

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1721 McCubbin St. 6-1 WARD)

2-FULL NAME Mary Barnett

(a) RESIDENCE NO. 1721 McCubbin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	col	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of James Barnett

ATE OF BIRTH (month, day, and year) unknown 1857

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	—	—	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

IRTHPLACE (city or town) (State or country) Probably Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Edna Nickols
(Address) 1721 McCubbin St

Filed 4 1926, 192 Per C. Emerson Davis, Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Patton, M. D.
(Coroner.)

11/23/20 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbury Cemetery Nov DATE OF BURIAL 25 1926

20 UNDERTAKER Milton Davis ADDRESS 316 N Eden St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16191

CERTIFICATE OF DEATH.

100-001

E 16191

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1034 Warden St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Neilan

(a) RESIDENCE NO. 1034 Warden St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Luella J. Alston Neilan.

6 DATE OF BIRTH (month, day, and year): March 6. 1882

7 AGE: Years 44 | Months 8 | Days 16 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Electric

(c) Name of employer: General Electric Co.

9 BIRTHPLACE (city or town)

(State or country): Rochester, N. Y.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unknown.

14 Informant: Mrs. L. J. Alston Neilan.

(Address): 1034 Warden St.

15 Filed 1926 C. [illegible] Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 22nd St. 19 26

17 I HEREBY CERTIFY, That I attended deceased from 10/25, 19 26, to 11/22, 19 26

that I last saw h.. alive on 11/22, 19 26

and that death occurred, on the date stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wm., M. D.

11/23, 19 26 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial: 11/19 1926

20 UNDERTAKER: Mary M. Wiedefeld ADDRESS: 501 E. 22 St.

ec.—1-10-21—M&T—1500 Bks.

16192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16192

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital 46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... (LOT SEY) ST., 24-1 WARD)

2-FULL NAME Mrs Ella Lotary

(a) RESIDENCE NO. 143 Lexington ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert A Lotary

DATE OF BIRTH (month, day, and year) May 18-1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	6	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Jersey Town Ill.
(State or country)

PARENTS

10 NAME OF FATHER John D West

11 BIRTHPLACE OF FATHER (city or town) Jersey Town Ill
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Joseph

13 BIRTHPLACE OF MOTHER (city or town) Jersey Town Ill
(State or country)

14 Informant Ada Lotary
(Address) 1500 Eutaw St

15 Filed ..... 19 C. HUMPHREYS JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1926, to Nov 24, 1926,
that I last saw her alive on Nov. 24 1926, 1926
and that death occurred, on the date stated above, at 6:20 P. m.
The CAUSE OF DEATH* was as follows:
Epithelioma of cervix uteri
Extension to vagina and bladder

(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) 2 days yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11-23-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ada Lotary M. D.

, 19 (Address) 1500 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Nov. 27 1926

20 UNDERTAKER Edward Evans ADDRESS 38 E Fort Ave

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16193

CERTIFICATE OF DEATH.

74

E 16193

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 323 (ST.) Wyman Ave (WARD) 27-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah F Miller.

(a) RESIDENCE. NO. 323 Wyman Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Walter L Miller

DATE OF BIRTH (month, day, and year) May 24 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Henry C Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary E Miller

(Address)

15 Filed 2 4 1926 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1923, to Nov 23, 1926.

that I last saw her alive on Nov 23, 1926

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) L C Richardson, M. D

Nov. 23 1926 (Address) 112 W. 30th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Pa — DATE OF BURIAL: Nov 26 1926

20 UNDERTAKER: Ehrenworth Son — ADDRESS 317 Chestnut

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16194

CERTIFICATE OF DEATH.

90 E 16194

REGISTERED NO._____

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 517 W. Mulberry St. 16-2 Ward)

2-FULL NAME James P. Mc Hardy

(a) RESIDENCE NO. 744 Poplar Grove St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 60 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A Mc Hardy

6 DATE OF BIRTH (month, day, and year): July 10. 1857

7 AGE: Years 69 Months 11 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cement Finisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Unknown 083

9 BIRTHPLACE (city or town)

(State or country): Scotland

PARENTS

10 NAME OF FATHER: Alexander Mc Hardy

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Scotland

12 MAIDEN NAME OF MOTHER: Elizabeth Watts

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Scotland

14 Informant: Mary A Mc Hardy

(Address) 744 Poplar Grove St

4 1926 By C. E. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ____ yrs. ____ mos. ____ ds.

Signed: Nov 24 1926 Geo. L. Pease M. D.

(Coroner)

(Address) 143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross, Hanford Rd

Date of Burial: 11/27 1926

20 UNDERTAKER: H. H. Cook

ADDRESS: 502 Ellamore

Spec.–7-17-26–A Co.–200 Bks.

720 N North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

44 E 16195

16195

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1119 Fulton St. M-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Blondheim

(a) RESIDENCE NO. 1119 Fulton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles

6 DATE OF BIRTH (month, day, and year): — 1861

7 AGE: Years 65 Months Days IF LESS than 1 day ..hrs. or ..min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 31

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Baltimore

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Not Known

14 Informant: Miss Clara Sunstein

(Address) 1119 Fulton Ave

15 Filed: 1926 C. FRANCIS JOYCE, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Nov 24, 1926

that I last saw her alive on Nov 22, 1926

and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & Liver - also Carcinomatous growth in rectum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

11/24, 1926 (Address) 720 N North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn - for

Date of Burial: 26 1926

20 UNDERTAKER: H. Cook

ADDRESS: 502 E North Ave

Spec.–7-17-26–A Co.–200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16196

CERTIFICATE OF DEATH

E 16196

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1310 Penhurst Ave St. 28-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander W Marchant

(a) RESIDENCE NO. 1310 Penhurst Ave St. Westerlington Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada L Marchant

6 DATE OF BIRTH (month, day, and year) Apr 1, 1840

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	86	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 00

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Ambrose Marchant

11 BIRTHPLACE OF FATHER (City or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Mildred Fleet

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Ada L Marchant

(Address) 1310 Penhurst Ave

15 Filed ....., 19..... Registrar

4 1926 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1926, to Nov 23, 1926, that I last saw him alive on Nov 23, 1926, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W E Jones, M. D.

11/24. 1926 (Address) 720 W North Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park	11/26 1926
20 UNDERTAKER	ADDRESS
W. Cook	502 E North Ave

For.—12-9-25—A Co.—200 Bks.

E 16197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 16197

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Genl Hosp St. 11-2 Ward)

2-FULL NAME James L Foster

(a) RESIDENCE NO. Dundalk Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth H Fisher

6 DATE OF BIRTH (month, day, and year): Dec 17, 1891

7 AGE — Years: 34 — Months: 11 — Days: 6 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: Bethlehem Steel Co

9 BIRTHPLACE (city or town): _____

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Foster

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Detzel

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Balto Md

14 Informant (Address): Ruth H Fisher Dundalk Md

15 Filed _____, 19__ C. E. PERSON JONES, M. D.

4 1926 Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH was as follows:

*Acc Fracture of Pelvis & Bones of Back

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) C. E. Person Jones M. D.

Nov 24, 19 (Address) 1435 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial: 11/26 1926

20 UNDERTAKER: H. A. Cook — ADDRESS: 507 Ellwood

Dec.—1-10-21—M&T—1500 Bks.

E 16198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16198

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1610 E. Lafayette Ave (St.) 8-W (WARD)

2-FULL NAME John F. Wheeler

(a) RESIDENCE NO. 1610 E. Lafayette Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna E. Wheeler

DATE OF BIRTH (month, day, and year): May 13 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	11	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone cutter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

8 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Chas H. Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Susanna Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Anna E. Wheeler
(Address) 1610 E. Lafayette Ave

15 Filed NOV 25 1926 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from 5/20/26 19 . to 11/24/ . 1926.
that I last saw him alive on 11/24/ 1926,
and that death occurred, on the date stated above, at 2.15 A. m.

The CAUSE OF DEATH* was as follows:

Broken Compensation
(Chr. valvular heart disease)
(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Lacerated pneumonia
(duration) yrs. 6 mos. 4 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis? X-ray

(Signed) George Abner Barden M. D.

11/26 19 26 (Address) 1517 E North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Nov 26 1926

20 UNDERTAKER: Henry Hoeck Low — ADDRESS: 1201 E. Eager

—1-12-23—M&T—500 Blks.

Henry O. Jackson

HEALTH DEPARTMENT—CITY OF BALTIMORE

16199

CERTIFICATE OF DEATH.

E 16199

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Henry O Jackson

(a) RESIDENCE NO. Vanderbilt Hotel, N Y ST., ... WARD ..... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 10 ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Married

DATE OF BIRTH (month, day, and year) Aug 31 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

BIRTHPLACE (city or town) (State or country) Penn

10 NAME OF FATHER H Lee Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Sophia Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL, Balto.

Filed Nov 25 1926, 19 ... Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from October, 1926, to Nov 24, 1926,

that I last saw him alive on Nov 24, 1926,

and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate with extensive metastasis.

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Emphysema, Myocardial failure

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted? if not at place of death? ...

Did an operation precede death? Yes Date of Oct 8, 1926

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) F. W. Schacht, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta Georgia — DATE OF BURIAL Nov 25 1926

20 UNDERTAKER Sam O. Mitchell — ADDRESS 201 W. Fayette

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16200

CERTIFICATE OF DEATH.

90 E 16200

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1454 Montpelier St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margarita Murphy

(A) RESIDENCE NO. 1454 Montpellier St. 9 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Murphy

6 DATE OF BIRTH (month, day, and year): ? 1840

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
86	85?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Ø

(c) Name of employer

9 BIRTHPLACE (city or town): Ireland

(State or country)

PARENTS

10 NAME OF FATHER: ? Murphy

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Margarita Murphy?

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Mrs. J. Shipley

(Address): Towson, Md.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1926, to Nov. 23, 1926, that I last saw her alive on Nov. 23, 1926, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

3 P.M

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. F. Bramble, M. D.

, 19 (Address) 4 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Mary Grave. Date of Burial: 11/26/1926

20 UNDERTAKER: George J Ruth ADDRESS: 1735 Harford Ave

pec.—12-9-25—A Co.—200 Bks.

16201

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 16201

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No.) 711 Dolphin St. (Ward) 17-1

2-FULL NAME Thomas Mathews —

(a) RESIDENCE NO. 711 Dolphin St, Balt Md Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Black

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: M Mathews

6 DATE OF BIRTH (month, day, and year): Dec 25 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): Solars Bros

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: James Mathews.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Washington. D.C.

12 MAIDEN NAME OF MOTHER: Margaret Dickson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Charles County

14 Informant: Mrs M. Mathews

(Address) 711 Dolphin st

15 Filed ... 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 23 1926.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1926, to Nov 23, 1926, that I last saw him alive on Nov. 23, 1926, and that death occurred, on the date stated above, at 4 11 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. L. Motte, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery.

Date of Burial: Nov 25 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford Ave

NOV 25 1926

RK

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16202

CERTIFICATE OF DEATH.

88-003

E 16202

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2251 N. Balto St. 20-3 Ward)

2-FULL NAME Francis H. Condon

(a) RESIDENCE NO. 2251 N. Balto St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie London

6 DATE OF BIRTH (month, day, and year) Dec 5th 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs Edna DeSpenza

(Address) 34 Wheeler Ave

15 Filed ..... 19 ..... Registrar

NOV 25 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Life death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base Skull

(duration) — yrs. — mos. 24 hrs

CONTRIBUTORY (Secondary) Auto Accident.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Norton M. D.

(Coroner)

Nov 24 1926 (Address) ~~Thos. B. Norton~~ Curtis Bay Md.

*State the disease causing death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Nov. 25 1926

20 UNDERTAKER George L. Lahmann ADDRESS 1101 Eutaw Ave

1-12-23—M&T—500 Blks.

E 16203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16203

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2152 Washington ST. Boulevard WARD)

REGISTERED NO. 1160

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie E. Hullett

(a) RESIDENCE NO. 2152 Washington Blvd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 7. 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): 2152 Washington Blvd Balto Md.

10 NAME OF FATHER Elmer Lennellon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER Marie Theresa Hullet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant (Address): George Colhoun. 2152 Washington Blvd

Filed 5 1926 (illegible) 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/7/26 1926 to 11/20 1926,

that I last saw h~~im~~ alive on 11/20 1926,

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Inanition.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Alexander Morey M. D.

19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 26th 1926
20 UNDERTAKER: John F. Cowan & Son	ADDRESS: 901 Pulliam Pl
Per John F. Cowan	

For.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 185 E 16204

16204

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at

City of BALTIMORE: (No. John s Hopkins Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter J. Fincen

(a) RESIDENCE NO. Cypress Ave nr North Pt Road Ward Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie S Fincen

7 DATE OF BIRTH (month, day, and year) June 27/1893

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Con. Gas & Electric Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Sweden

PARENTS

10 NAME OF FATHER Peter J. Fincen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Sweden

12 MAIDEN NAME OF MOTHER Christiana

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Sweeden

14 Informant Fannie S. Fincen (wife)

(Address) Cypress Ave

C. H. [illegible], M. D.

15 Filed 19

Per Registrar

25 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull & broken neck & other injuries. Fell from scaffold Monument & Front Sts. Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Galen M. D.

(Coroner)

11/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cem. Va. Date of Burial 11/26 1926

20 UNDERTAKER Philip Herwig ADDRESS 2016 Orleans St.

...c.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16205

CERTIFICATE OF DEATH.

16 E 16205

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No. 147 Schroeder ST. 27-6 WARD)

2-FULL NAME Adam B Andres

(a) RESIDENCE NO. 147 Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov 24 1926

AGE Years Months Days | If LESS than 1 day, hrs. or 30 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Frank W Andres

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Blanch B Burns

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Frank A Andres (Address) 147 Schroeder

15 Filed 25 1926 C. ...RSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1926, to Nov 24, 1926, that I last saw him alive on Nov 24, 1926, and that death occurred, on the date stated above, at 8 10 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatalorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam B Leonard M. D.

11 24 1926 (Address) 718 N Pat Pk ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Balto | DATE OF BURIAL Nov 25 1926

20 UNDERTAKER A S Marshall | ADDRESS 3539 Falls Road

Dec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16206

CERTIFICATE OF DEATH.

90 E 16206

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St 10-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME W. Catherine Maxwell

(a) RESIDENCE NO. Little Sister of the Poor St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	?

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1853

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
Given —	71			
Proven -	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ireland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

15 Filed DEC 3 1926 19 RJC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20 1925, to November 22, 1926, that I last saw h.. alive on November 22, 1926, and that death occurred, on the date stated above, at 7 30 p m.

The CAUSE OF DEATH* was as follows:

Residual Left Hemiplegia (Thrombosis)

Chronic Myocarditis

Senility

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Fracture

(duration) yrs. 20 mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

1600 24 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — Date of Burial Nov. 26 1926

20 UNDERTAKER Reis Weinfeld — ADDRESS 914 Gruman St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16207

CERTIFICATE OF DEATH.

188-003

E 16207

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 17-6 WARD)

2-FULL NAME Edgar Levy

(a) RESIDENCE NO. 1530 Greenmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Fwb 11/1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	9	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) ditto
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Joseph Levy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie Shuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Wm. Cook
(Address) 500E. North Ave. M D

Filed 25 1926 192 RK Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal Abdominal Injuries & fracture of skull
(Inquest Nov 20/26
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. E. Gaither, M. D.
(Coroner)

Nov 24/26 192 (Address) 505 . North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 11/26 192 6

20 UNDERTAKER M Cook — ADDRESS 502 E North

Rec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-901 E 16208

CERTIFICATE OF DEATH.

16208

Registered No.....

1-PLACE OF DEATH
City of BALTIMORE: (No. 615 N. Ellwood St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George T. Kesterson

(a) Residence No. 615 N. Ellwood Ave St., 6 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Minnie L. Kesterson

7-DATE OF BIRTH (month, day and year): Sept 6th 1870

8-AGE. 56 yrs. 2 mos. 17 ds. If LESS than 1 day, ...hrs. or....min.

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10-BIRTHPLACE (city or town) (State or Country): Washington D C

10-NAME OF FATHER: George W Kesterson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Alexander Va

12-MAIDEN NAME OF MOTHER: Margaret Summers

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Washington D C

14-(Informant): Rosa Perrygo
(Address): Prince Georgia Co Md

15-Filed NOV 25 1926 C. ELMER JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov. 23-1926

17-I HEREBY CERTIFY, That I attended deceased from Nov. 16 1926 to Nov. 23 1926

that I last saw him alive on Nov. 23 1926

and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? symptoms

(Signed) A. Palumbisano M. D.

11-24 1926 (Address) 4 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: Nov 26th 1926

20-UNDERTAKER: Frank V. Lupitore — ADDRESS: 2818 E. Baltimore St

ec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16209

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

11-002

E 16209

Registered No.....

ity of BALTIMORE: (No. 1612 Wilkens Ave 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Charles S. Badger

(a) Residence No.... 1612 Wilkens Ave, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Badger

7-DATE OF BIRTH (month, day and year) Dec 2, 1854

8-AGE, 72 yrs. 11 mos. 22 ds. If LESS than 1 day, ...hrs. or.....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer)..... 015

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country), Baltimore Md

10-NAME OF FATHER, James Badger

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-(Informant) Ida Badger

(Address) 1612 Wilkens Ave

15-Filed ....., 192.. C. E. [illegible], M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov 24, 1926

17- I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1926, to Nov 24, 1926, that I last saw him alive on Nov. 24, 1926, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows: Hypertrophy & acute dilatation of heart

(Duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Grippe

(Duration) yrs. mos. 5 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) A. Cross M. D.

11-24, 1926 (Address) 1202 W North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Woodlawn Cem — DATE OF BURIAL, Nov 27, 192.6

20-UNDERTAKER, George Smith — ADDRESS 1512 Hollins St

ec.—1-10-21—M&T—1500 Blks.

E 16210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 16210

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 2817 Presstmann ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Laura Warner

(a) RESIDENCE NO. 2817 Presstmann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Rufus Warner

DATE OF BIRTH (month, day, and year) Dec 3 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	10	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Easton Md
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant W. A. Warner
(Address) 1538 Ramsdale St

15 Filed NOV 25 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1925, to Nov. 24, 1926, that I last saw her alive on Nov. 24, 1926, and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. C. Wilbur, M. D.

11/26/26 (Address) 2757 W. Fenmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Nov 26 1926
20 UNDERTAKER	ADDRESS 1532
George J. Smith	Hollins

Sec.—1-10-21—M&T—1500 Bks.

6211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 E 16211
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Baltimore Gen. St., Hospital (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Fleming Rozier

(a) RESIDENCE NO. 826 No Fremont St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rozier

DATE OF BIRTH (month, day, and year) 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Elk Club

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jno. Rozier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Georgia Benson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) West Baltimore Gen. Hospital

15 Filed 1926 C. EARLE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/22 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/15, 1926, to 11/22, 1926, that I last saw him alive on 11/22, 1926, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Intestinal Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? yes Date of 11/15/26

Was there an autopsy? yes

What test confirmed diagnosis? Clinic & Autopsy

(Signed) Emmett F. Spencer M. D.

11/23 1926 (Address) West Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 11/25 1926

20 UNDERTAKER Samuel H. Hemsley

ADDRESS Balto

Herbert Raud.

202 ✓

or.—12-9-25—A Co.—200 Bks.

16212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16212

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Raud

(a) RESIDENCE NO. McElderry St. 1616 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? / yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): M

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unk

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Tavern 040

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Raud

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): James Mercer 1720 Ashland Ave

15 Filed 25 1926 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an McElroy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said McElroy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage and shock.

Due to iron falling from above at Bare Copper Works. Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

Signed M. D.

Nov 27, 19 26 (Coroner) (Address) 1159 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Riley Union Station Nov 25 1926 Date of Burial

20 UNDERTAKER: Mrs Robert A Elliott ADDRESS 1725 Ashland Ave

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16213

CERTIFICATE OF DEATH.

74-001

REGISTERED NO. E 16213

1-PLACE OF DEATH

City of BALTIMORE: (No. 607 Ravenwood ave St. 27-7 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Laurence R M Cotter

(a) RESIDENCE NO. 607 Ravenwood ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of ~~or~~ WIFE of: Martha U Cotter

7 DATE OF BIRTH (month, day, and year): March 5-1863

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Guard

(b) General nature of industry, business, or establishment in which employed (or employer): B&O

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER James Cotter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME ~~OF MOTHER~~ Nugent

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Don't Know

14 Informant Martha U. Cotter

(Address) 607 Ravenwood Ave

15 Filed ..... 19 ..... Registrar

NOV 25 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 9 1926, to Nov 22, 1926,

that I last saw h.... alive on Nov 22, 1926,

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

Is Where was disease contracted -

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J A Sollers, M. D.

Nov 23 1926 (Address) 1103 N. Eu A

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: Nov 26 1926

20 UNDERTAKER: Robt J Turner & Son — ADDRESS: 1647 E Broadway

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 16214

CERTIFICATE OF DEATH.

15-6

E 16214

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 3100 Clifton Ave. ST., WARD)

2-FULL NAME Florence Hunter

(a) RESIDENCE NO. 3100 Clifton Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Hunter

DATE OF BIRTH (month, day, and year) August 12, 1848

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	78	3	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Balto. Co., Md
(State or country)

10 NAME OF FATHER Jesse Slingluff

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Carroll Co., Md

12 MAIDEN NAME OF MOTHER Frances Cross

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore, Md.

14 Informant A. J. Hunter
(Address) 12 E. Redwood St.

15 Filed NOV 25 1926 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1926, to Nov. 23, 1926, that I last saw her alive on Nov. 23, 1926, and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) none
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examination

(Signed) S. A. Dodds, M. D.

11/24 1926 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	11/26 1926
20 UNDERTAKER Henry U. Dears & Son	ADDRESS 805 N. Calvert

ec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16215

CERTIFICATE OF DEATH.

16 W E 16215

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

ity of BALTIMORE: (No. St. 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Glass —

(a) RESIDENCE NO. 4112 Dolrymple Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
f.	White	infant

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 24/26

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Albert J Glass

11 BIRTHPLACE OF FATHER (city or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Reba Goldberg

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Albert J Glass

(Address) 4112 Dolrymple ave

15 Filed ..... 19 ..... Registrar

5 1926 For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1926, to Nov 25, 1926

that I last saw h.. alive on Nov 25, 1926

and that death occurred, on the date stated above, at 8.40 a.m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis —

Respiration Failure.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D'Motta. , M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodedale Date of Burial Nov 25 1926

20 UNDERTAKER S Levinsohn ADDRESS 1127 E Balto

Dec. 12-25-A Co. 200 Bks.

E 16216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

E 16216

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3734 Fait Ave. St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Comen

(a) RESIDENCE NO. 3734 Fait Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept 26-1907

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	18	1	26	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER John H. Comen

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mamie Shuman

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant John H. Comen

(Address) 3734 Fait ave

15 Filed NOV 26 1926 E. L. PERKINS, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22-1926.

17

I HEREBY CERTIFY, That I attended deceased from 11/15/26, 19, to 11/22, 19 26,

that I last saw h... alive on 11/22, 19 26,

and that death occurred, on the date stated above, at 12.05 P. m.

The CAUSE OF DEATH* was as follows:

Alveolar Abscess and Ost maxillary Cellulitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Garrell, M. D.

11/24, 1926 (Address) 633-S. 3rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Sacred Heart Cem Nov 26 19

20 UNDERTAKER — ADDRESS

D. Lilly and Son 403 S. Wolfe St.

Schroeder

100-001

ice.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16217

REGISTERED No. E 16217

6-2

1-PLACE OF DEATH

City of BALTIMORE: (No. 473 N. Belnord Ave. St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles G. Schroeder.

(a) RESIDENCE NO. 473 N. Belnord Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Schroeder.

7 DATE OF BIRTH (month, day, and year) Aug. 7-1851

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brick Layer.

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Schroeder.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Bertha Heuisch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger.

14 Informant Mamie Schroeder.

(Address) 473 N. Belnord Ave

15 Filed 19 Registrar

11-26-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22-1926 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 18 19 26 to Nov 22 19 26.

that I last saw alive on Nov 22 19 26.

and that death occurred, on the date stated above, at 11:15 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed) C N Meyer M. D.

11/24 19 26 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Nov. 26 19 26

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16218

CERTIFICATE OF DEATH.

129 E 16218

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Forman

(a) RESIDENCE NO. 513 N. Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colg	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Forman

DATE OF BIRTH (month, day, and year) Feb 15th 1854

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	9	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Henry Forman

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Georgiana Meads

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Annie C. Thiel

(Address) 513 N. Mount St

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Primary – Uremia

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) chronic yrs. mos. ds.

Senile Pneumonia

Signed) Thos B. Norton M. D.

(Coroner)

Nov 25 19 26 (Address) Curtis Bay, Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem Nov 26/26 Date of Burial

20 UNDERTAKER Hamel Easton ADDRESS Balto

For.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16219

CERTIFICATE OF DEATH.

100-001 E 16219

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 423 Myrtle St. 4-1 Ward)

2-FULL NAME Ernestine Barnes

(a) RESIDENCE NO. 423 Myrtle St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 3-1926

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
		6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Fred. Barnes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Lula Mabel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Fred Barnes

(Address) 423 Myrtle ave

15 Filed 6 1926, 19____ C. E. LEE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25/26

17 I HEREBY CERTIFY that I viewed the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) ____ yrs. ____ mos. 1 ds.

(Signed) G. E. Yates M. D.

(Coroner)

18 (Address) 1423 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Nov 26/26

20 UNDERTAKER David Easton ADDRESS Same

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16220

CERTIFICATE OF DEATH.

74-001 E 16220

E 16220
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2537 Edmondson Ave ST. 20-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Briggeman

(a) RESIDENCE No. 2537 Edmondson Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: William H Briggeman

DATE OF BIRTH (month, day, and year) DEC 12 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm H. Leitmate

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Schwinkru

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Walter McCreary
(Address) 2537 Edmondson Ave

15 Filed NOV 25 1926 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9- , 1926 , to Nov. 23 , 1926 , that I last saw h[illegible] alive on Nov. 22 , 1926 , and that death occurred, on the date stated above, at 12 01 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. — mos. 16 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Chas. E. McCarthy , M. D.

, 19 (Address) 2410 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's (Woodlawn)

DATE OF BURIAL: 11-26 1926

20 UNDERTAKER: Mrs Chas A Tobelt

ADDRESS: 60 Arlington Ave

ec.—12-9-25—A Co.—200 Blks.

Bass

HEALTH DEPARTMENT—CITY OF BALTIMORE

3 ✓ E 16221

E 16221

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

ity of BALTIMORE: (No. Sinai Hospital St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Bass

(a) RESIDENCE NO. 1000 N. Monroe St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Bass

7 DATE OF BIRTH (month, day, and year): June 5th 1869

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	5	20	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

10 BIRTHPLACE (city or town):

(State or country) Russia

PARENTS

10 NAME OF FATHER Abram Bass

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant: Dora Bass

(Address) 1000 N. Monroe St.

15 Filed....., 19.....

NOV 26 1926

Per

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25 1926

November 25, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 17th 1926, to Nov. 25 1926, that I last saw him alive on Nov. 25th 1926, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes granted

What test confirmed diagnosis?

(Signed) Wm Schwartz, M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Workmen Circle Cem. Date of Burial 11-26 1926

20 UNDERTAKER: Jack Levin ADDRESS 1439 Eutaw St

ec.—12 9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16222

CERTIFICATE OF DEATH.

101-001 E 16222

1-PLACE OF DEATH

City of BALTIMORE: (No. 1801 Bank St. 2-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Valentin Warchal

(a) RESIDENCE NO. 1801 Bank St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 14 - 1889

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
37	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Groceryman

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Poland

10 NAME OF FATHER Kazimiers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Belcsas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

PARENTS

14 Informant Frances Warchal

(Address) 1801 Bank St.

Filed NOV 6 1926 19 Per K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 24, 1926.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1926, to Nov. 24, 1926, that I last saw h~~im~~ alive on Nov. 24, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (Bilateral)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? 1801 Bank St.

Did an operation precede death? no Date of -

Was there an autopsy? no.

What test confirmed diagnosis? Examination

(Signed) Chas. S. Nerstadt, M. D.

, 19 (Address) 1730 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Date of Burial Nov 27 19 26

20 UNDERTAKER J. W. Ozazewski ADDRESS 1900 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16223

CERTIFICATE OF DEATH.

198 E 16223

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital Ward)

2-FULL NAME Edward Pitt

(a) RESIDENCE NO. 1507 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Pitt

6 DATE OF BIRTH (month, day, and year): Oct. 21 1888

7 AGE: Years 38 Months 1 Days 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: Emmatad Pitt

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Eubank

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Ethel Pitt

(Address) 1507 W. Lanvale

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. Skull. (Homicide)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... (Coroner) M. D.

7/13 19 (Address) 643 Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Date of Burial 11/26/25

20 UNDERTAKER: Mrs. R. A. Elliott ADDRESS 725 Lakland

or.—12-9-25—A Co.—200 Bks.

16224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

88-003 E 16224

93-1

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Boardley.(C)

(a) RESIDENCE NO. 940 S. Sharp St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Colored	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) Do not know.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER Joshua Boardley.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Rachael Alton.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Lucy Boardley.(C) sister.

(Address) 919 Plum Alley.

15 Filed ..... 19 ..... Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of 9th & 10th ribs, left side Internal injuries. Struck and run over by automobile. Occidental death. White crossing street.

Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

Duration ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt M. D.

(Coroner)

11/26 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? Light & Cross Sts. Nov. 20, 1926

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial 11/26 1926

20 UNDERTAKER Samuel Hawley ADDRESS 528 Addison

DEC 2 1926

Dec.—12-9-25—A Co.—200 Blks.

E 16225

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 16225

REGISTERED NO. 7

1-PLACE OF DEATH

City of BALTIMORE: (No. 1130 Ward St. 21-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Louis B. Schieve

(a) RESIDENCE NO. 1130 Ward St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 27 1923

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Louis B. Schieve

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Clara J. Tubner

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Mrs Louis Schieve

(Address) 1130 Ward st

15 Filed ..... 19.....

NOV 26 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/25/26 19

17 I HEREBY CERTIFY, That I attended deceased from 11/22/26 19..., to 11/25/26 19...,

that I last saw h.. alive on 11/25/26, 19...,

and that death occurred, on the date stated above, at 10.20 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) Sixty yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Cold pneumonia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Usual

(Signed) Bernard J. Fenny, M. D.

11/26, 19 26 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Loudon Park Nov 27 1926

20 UNDERTAKER — ADDRESS

John J. Fields 1200 W Lombard

Dec.—12-9-25—A Co.—200 Bks.

Smeyne.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16226

CERTIFICATE OF DEATH.

E 16226

REGISTERED NO._____

1-PLACE OF DEATH Church Home & Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. _____ St. 1325 Ward)

2-FULL NAME Mrs Annie Smeyne.

(a) RESIDENCE NO. 2212 Bryant ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? 38 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses

7 DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Michael Levin

11 BIRTHPLACE OF FATHER (city or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Etta Blumberg

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant: Moses Smeyne

(Address) 2212 Bryant ave

15 Filed 26 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Nov 25/26.

17 I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1926, to Nov 25, 1926, that I last saw h.. alive on Nov 25, 1926, and that death occurred, on the date stated above, at 11.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) ...yrs. 5 ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 3/26.

Was there an autopsy? No.

What test confirmed diagnosis? Operation, Exploratory

(Signed) J. F. Farnsworth, M. D.

Nov 25, 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Hebrew Cem Run

Date of Burial 11/28 1926

20 UNDERTAKER: H. Sussman & Bro

ADDRESS 127 E Balto st

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16227

CERTIFICATE OF DEATH.

44 E 16227

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1036 West ST. 93-1 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maurice A Gibbs

(a) RESIDENCE NO. 1036 West St. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Corine Gibbs

7 DATE OF BIRTH (month, day, and year) Jan-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) City Md

PARENTS

10 NAME OF FATHER Alex Gibbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie Gibbs (Address) 1036 W West St

15 Filed ....., 19..... Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1926, to Nov 24, 1926, that I last saw him alive on Nov 24, 1926, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G T Buxton M. D.

11/25-1926 (Address) 301 E Cross

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Nov 28 1926

20 UNDERTAKER James E Dwyer ADDRESS 1364 W Balto

ec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16228

CERTIFICATE OF DEATH.

90 E 16228

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 826 N Carey St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy King

(a) RESIDENCE NO. 826 N Carey St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Elias King

DATE OF BIRTH (month, day, and year) Sept 7, 1877

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	49	2	16	

OCCUPATION OF DECEASED

(n) Trade, profession or particular kind of work Housework

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Essex Co

(State or country) Va.

PARENTS

10 NAME OF FATHER Jerry Gresham

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Rumbrough

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Elias King

(Address) 826 Carey St

15 Filed_____, 19____ Per_____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to Nov 23, 1926,

that I last saw h[illegible] alive on Nov 23, 1926,

and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

11-24 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mont Auburn Cemetery Nov 26 1926

20 UNDERTAKER — ADDRESS

J. John H Owens — 538 Dolphin St

ec.—12-9-25—A Co.—200 Bks.

E 16229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 16229

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

ity of BALTIMORE: (No. St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Campbell

(a) RESIDENCE NO. 637 Dolphin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1888

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Fred. Campbell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Hattie - ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant City Hospital Records

(Address)

15 Filed NOV 26 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 24 1926

17 I HEREBY CERTIFY, That I attended deceased from November 10, 1926, to November 24, 1926, that I last saw h.m alive on November 23, 1926, and that death occurred, on the date stated above, at 2-10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Aortic Insufficiency

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Smith, M. D.

Nov 24 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Cemetery Date of Burial Nov 27 1926

20 UNDERTAKER John H Owens ADDRESS 538 Dolphin St

ec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16230

CERTIFICATE OF DEATH.

74001

E 16230

REGISTERED NO._____

1-PLACE OF DEATH

ity of BALTIMORE: (No. 605 S. Ellwood Ave St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Fuller

(a) RESIDENCE NO. 605 S. Ellwood Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida V. Fuller

DATE OF BIRTH (month, day, and year) April 24. 1860

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	7	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 3 years

(c) Name of employer B & O. R. R.

9 BIRTHPLACE (city or town) _____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Joshua Fuller

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Not Known

14 Informant Ida V. Fuller

(Address) 605 S. Ellwood Ave

15 Filed NOV 26 1926 C. E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1926, to Nov 24, 1926, that I last saw him alive on Nov 22, 1926, and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 3 yrs. ____ mos. ____ ds.

18 Where was disease contracted Unknown

If not at place of death

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) 315 S. Highland Ave, M. D.

11/25, 1926 (Address) Horace B. Tilson M.D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Parkwood Cemetery	Nov. 26 1926
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc	1710 Fleet St.

1-12-23—M&T—500 Bks.

16231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16231

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL. ST. 24-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (NO.

2-FULL NAME Milton Cannon

(a) RESIDENCE NO. 126 E. Gittings St. ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Aug 21 - 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	3	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Richard Cannon

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Travers

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-15, 1926, to 11-23, 1926, that I last saw him alive on 11-23, 1926, and that death occurred, on the date stated above, at 7:05 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart Disease

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) 40 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Insane of Asylum

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) E. Cowles Andrus M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County

DATE OF BURIAL Nov 25 19 26

20 UNDERTAKER F. A. Ireland & Son

ADDRESS 703 Hamm

Spec.-7-17-26--A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16232

CERTIFICATE OF DEATH

44 E 16232

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 906 N. Fulton Ave St. 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Jane Reed

(a) RESIDENCE NO. 906 N Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Reed.

6 DATE OF BIRTH (month, day, and year): July 27 1856

7 AGE — Years: 70 Months: 3 Days: 27

IF LESS than 1 day ____ hrs. or ____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Robert Gleason

11 BIRTHPLACE OF FATHER (City or town): Balto.

(State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Kelly

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Mr. John W. Reed

(Address): 906 N. Fulton Ave

15 Filed ____, 19__ Registrar

NOV 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 23 19 26

17 I HEREBY CERTIFY, That I attended deceased from July, 19 22, to Nov 23, 19 26, that I last saw h[illegible] alive on Nov 23, 19 26, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Frederick Lentz M. D.

11-26, 1926 (Address) Temple Gardens

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. — Date of Burial: Nov 26 19 26

20 UNDERTAKER: Wm. J. Ecker Sons — ADDRESS: Mott St.

spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16233

CERTIFICATE OF DEATH.

31 E 16233

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. 1.1.13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Sanders

(a) RESIDENCE NO. 532 W. Mulberry st. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 17 1880

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)_____

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Sanders

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lydia Foster

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Maryland

14 Informant Hospital Records

(Address)

Filed 0V26 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from October 5, 1926, to November 25, 1926, that I last saw him alive on November 25, 1926, and that death occurred, on the date stated above, at 6.40 a. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis Tuberculous Enteritis Laryngitis

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gatten, M. D.

11-25 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Date of Burial 11/27 1926

20 UNDERTAKER W. H. Cook ADDRESS 507 Eutaw

ec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16234

REGISTERED NO. 31 E 16234

1-PLACE OF DEATH

ity of BALTIMORE: (No.) Baltimore City Hospitals St., (T.B.) 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Seymour Gallant

(a) RESIDENCE NO. 1023 Forrest st. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Not stated

7 DATE OF BIRTH (month, day, and year) ? ? 1880

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maine

PARENTS

10 NAME OF FATHER Frank Gallant

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Canada

12 MAIDEN NAME OF MOTHER Mary Pembrock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Canada

14 Informant Hospital Records

(Address)

Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from October 2, 1926, to November 23, 1926, that I last saw him alive on November 23, 1926, and that death occurred, on the date stated above, at 12.20 A. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Tuberculosis enteritis

Tuberculosis laryngitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Gatteus, M. D.

11-28-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 11/27 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E North Ave.

16235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18 E 16235

1-PLACE OF DEATH Found Dead at foot 23-1 Registered No. C.....

City of BALTIMORE: (No. Caroline St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C Fisher

Residence in Baltimore: No. 41-E West St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Mal

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word): Sgle

6-DATE OF BIRTH: July (Month) 4 (Day) 1887 (Year)

7-AGE: 45 yrs. 4 mos. 4 ds. 21

If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Harness maker
(b) General nature of industry, business, or establishment in which employed (or employer): Himself

9-BIRTHPLACE, (State or Country): Balto City

PARENTS.

10-NAME OF FATHER: Henry C Fisher

11-BIRTHPLACE OF FATHER, (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Emma Hamm

13-BIRTHPLACE OF MOTHER, (State or Country): Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Catherine Fisher

(Address) 2305 E Biddle

15-

Filed 26 1926 19.. R.J.C. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Nov (Month) 24 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Accidental death on the day stated above.

The CAUSE OF DEATH* was as follows: accidental Drowning

(Duration) ....yrs. ....mos. Instantly ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) James M. Faulkner M. D. (Coroner.)

Nov 26 1926 (Address) 1006 E Chase

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Druid Cemetery DATE OF BURIAL: 11/27/1926

20-UNDERTAKER: Wm E Gore & Son ADDRESS

ec.—12-9-25—A Co.—200 Blks.

E 16236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

3/ E 16236

REGISTERED NO.

1-PLACE OF DEATH

ity of BALTIMORE: (No. 120 Patapsco Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Bradford Turner

(a) RESIDENCE NO. 120 Patapsco Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 5 mos. 20 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Turner

DATE OF BIRTH (month, day, and year) Aug. 1st 1902

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	3	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baton Rouge La.

PARENTS

10 NAME OF FATHER Arthur Bradford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baton Rouge La.

12 MAIDEN NAME OF MOTHER Mary Antwine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baton Ruge La.

14 Informant Arthur Bradford (Farther)

(Address) 120 Patapsco Ave

15 Filed ..... 19 .....

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 23rd. 1926

17

I HEREBY CERTIFY, That I attended deceased from July 28th 19 26, to Nov. 23rd. 19 26

that I last saw her alive on Nov. 22nd, 19 24

and that death occurred, on the date stated above, at 1;40 m. a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson, M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn Cemetery	11/26/ 1926
20 UNDERTAKER	ADDRESS
Mrs. Katie R. Williams	1. Schroeder St

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

16237

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 16237

REGISTERED NO.

City of BALTIMORE: (No. 1331 Andre St. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine D. Johnson.

(a) RESIDENCE NO. 1331 Andre St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) October 25, 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Edward T. Johnson.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Maisch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Anna Johnson. (mother)

(Address) 1331 Andre st.

15 Filed ..... 19 .....

126 1926 By ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 25, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

11/26 19 26 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — Date of Burial Nov. 26 19 26

20 UNDERTAKER Chas. L. Stevens — ADDRESS 1501 E Fort Ave

Dec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16238

CERTIFICATE OF DEATH.

8-4 90

E 16238

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 E Biddle ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes N. L. Weber

(a) RESIDENCE No. 2526 E. Biddle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 7. 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	40	2	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe stitcher

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe.

(c) Name of employer Samuel + Ball Co.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Conrad J Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret Sherman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Margaret Weber (Address) 2526 E Biddle St

15 Filed NOV 26 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 19 26, to Nov 24, 19 26, that I last saw h[illegible] alive on Nov. 23, 19 26 and that death occurred, on the date stated above, at 8 30 a m.

The CAUSE OF DEATH* was as follows:

Bronchitis

Myocarditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos Fa Stevens, M. D.

Nov 26 19 26 (Address) 2878 Walford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Nov 27 19 26

20 UNDERTAKER Chas. L Stevens

ADDRESS 1501 E. Fort Ave.

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16239

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2417 E Madeira ST., 7-3 WARD)

REGISTERED NO. E 16239

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Marten

(a) RESIDENCE NO. 2417 E. Madison ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Marten

DATE OF BIRTH (month, day, and year) not known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Henry Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Monica Baltzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Christian Marten (Address) 2417 E Madison St

15 Filed NOV 26 1926 19 Per RH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 19..26., to Nov 25, 19..26.

that I last saw h... alive on Nov 24, 1926

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Diabetes — 2 yrs

Pulmonary Tuberculosis 2 mos

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Pul Edema

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) F. Hall Lumpkin M.D.

(Address) 1100 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Nov 27 1926

20 UNDERTAKER Frank Crook Son — ADDRESS 1916 E. Monument

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16240

E 16240

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Presstman St. ST. 16-1 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna N. Stier

(a) RESIDENCE No. 2910 Presstman Street ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Stier

DATE OF BIRTH (month, day, and year) Nov. 29, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Baltimore, Maryland

10 NAME OF FATHER John Hiltner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Yost

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant William Stier
(Address) 2910 Presstman Street

15 Filed ....., 19 .....
C. FRED JONES, M.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 19th, 19 26, to Nov. 25th 19 26, that I last saw h[illegible] alive on Nov 25th, 19 26, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion + Heart Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no except

What test confirmed diagnosis? None Sputa Gram, Type C

(Signed) Chas. H. Bubert, M. D.

, 19 (Address) 1100 W. Lafayette Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Nov. 27 1926

20 UNDERTAKER Joseph B Cook

ADDRESS 1031 N. Gilmor St

rc.—1-10-21—M&T—1500 Bks.

6241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 90 E 16241

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

TY OF BALTIMORE: (No. Keyser and Dukeland ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. Lane

(a) RESIDENCE NO. Penniman, Md 3 ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced. (write the word)

ale White Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Lane

DATE OF BIRTH (month, day, and year) July 28, 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	3	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Smithfield, N. C.

10 NAME OF FATHER Barney Lane,

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Zelthia Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

PARENTS

14 Informant Mrs. M. E. Lane Sr. (Address) Penniman Md.

15 Filed NOV 26 1926 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/16 . 1926 . to 11/26 . 1926 .

that I last saw him alive on 11/26 . 1926 .

and that death occurred, on the date stated above, at 6 . 00 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

Nov 26 1926 (Address) W. B. & H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Park Cem

DATE OF BURIAL Nov. 29, 1926

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Dallas St

Dec.—12 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16242

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 16242

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore & Payson Sts German Aged Home St., 705 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Dettmar

(a) RESIDENCE NO. German Aged Home St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7 DATE OF BIRTH (month, day, and year) Sept 27 1852

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

10 NAME OF FATHER John Dettmar

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

PARENTS

14 Informant German Aged Home Records

(Address) Balto. & Payson Sts

Rec'd NOV 26 1926 C. F. [illegible] M. D. Registrar

Per R H [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/12/26, 19..., to 11/25/26, 19..., that I last saw h.. alive on 11/24/26, 19..., and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) ...yrs. 2 mos. ...ds.

CONTRIBUTORY (Secondary) Senility

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

11/26, 1926 (Signed) John Hott, M. D. (Address) 1443 W. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Carmel Cem Date of Burial Nov 27 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W. Balto St.

—1-12-23—M&T—500 Bks.

E 16243 HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 16243

REGISTERED NO.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union memorial Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Calvert & 22nd St ST. 14-1 WARD)

2-FULL NAME Emille Spindler

(a) RESIDENCE NO. 400 S. Calhoun St ST. WARD

(Usual place of abode)

ngth of residence in city or town where death occurred since birth mos. 4 ds. 23 How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

married, widowed, or divorced HUSBAND of (or) WIFE of ✓

ATE OF BIRTH (month, day, and year) July 1, 1926

GE	Years	Months	Days	If LESS than 1 day, hrs or min.
		4	23	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

IRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Spindler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

Informant Mother

(Address)

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) nov 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 17, 1926, to nov 24, 1926,

that I last saw her alive on nov 23, 1926,

and that death occurred, on the date stated above, at 2:10 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Terminal)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Prematurity & Malnutrition

(duration) yrs. 4 mos. 26 ds.

18 Where was disease contracted if not at place of death? U. M. H.

Did an operation precede death? no Date of ✓

Was there an autopsy? no ✓

What test confirmed diagnosis?

(Signed) J. J. Geraghty, M. D.

, 19 (Address) Union memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL nov 26 1926

20 UNDERTAKER Harry A. Witz

ADDRESS 1615 W. Lombard

-1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16244

CERTIFICATE OF DEATH

E 16244

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 518 S. 12th St. WARD) 16-001

2-FULL NAME Nioma Mildred Imhoff

(a) RESIDENCE NO. 518 S 12th St. WARD .....
(Usual place of abode)
gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Nov. 13-26

AGE	Years	Months	Days	If LESS than 1 day, 9 hrs or .... min.
			1	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER William Frederick Imhoff

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Sallie Imhoff

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

Informant William Frederick Imhoff
(Address) 518 S 12 St.

Filed 26 1926 C. F. [illegible] Registrar For RL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 - 1926

17 I HEREBY CERTIFY, That I attended deceased from November 23, 1926, to Nov. 25, 1926,
that I last saw h alive on Nov. 25, 1926
and that death occurred, on the date stated above, at 4 A m.
The CAUSE OF DEATH* was as follows:

Premature Birth - 7 months

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Norris J. Scheindlinger M. D.
, 19 (Address) 1514 Eastern Ave. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Nov 28 1926

20 UNDERTAKER Harry H. Witzke — ADDRESS 534 W Lombard St

c.—1-12-23—M&T—500 Blks.

E 16245

HEALTH DEPARTMENT—CITY OF BALTIMORE E 16245

X 31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Memorial Hospital

CITY OF BALTIMORE: (No. Lombard & Broadway ST. 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick W Carse

(a) RESIDENCE NO. 719 Otsego St, Havre de Grace Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Sarah E Carse

DATE OF BIRTH (month, day, and year) — 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gov. work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N Y city

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant University Hospital (Address) Balto Md.

15 Filed 12 6 1926 , 19 Registrar RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-14-, 1926, to 11-26, 1926;

that I last saw him alive on 11-26-, 1926,

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Intussusception Ileocecal

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) 3 days 2 mos. — ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? Yes Date of 11-24-26

Was there an autopsy? Yes

What test confirmed diagnosis? Not known

(Signed) N B Hendrix, M. D.

, 19 (Address) Memorial Hospital Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havre de Grace, Md.

DATE OF BURIAL Nov 28 1926

20 UNDERTAKER J Madison Mitchell

ADDRESS U.S. Naval Station Havre de Grace

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16246

CERTIFICATE OF DEATH.

8-3-57

1-PLACE OF DEATH — Registered No.

City of BALTIMORE: (No. 1415 N Broadway St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward H Sawyer

(a) Residence No. 1415 N. Broadway St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

6a-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mary E Sawyer

6-DATE OF BIRTH (month, day and year): Oct 27th 1849

7-AGE: 77 yrs. 28 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Bath Maine

PARENTS.

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14-(Informant): Alphonzo Mason
(Address): 1415 N. Broadway

15-NOV 26 1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Nov. 25. 1926

17- I HEREBY CERTIFY, That I attended deceased from October, 1920, to Nov. 25, 1926, that I last saw him alive on Nov. 23, 1926, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

10 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho-Pneumonia

3 (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar L. Sandrock M. D.

, 19 (Address) 15 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Bath Maine	Nov. 27th 1926
20-UNDERTAKER,	ADDRESS
George Schulling & Son	1126 E Monument St

ec.—12-9-25—A Co.—200 Blks.

E 16247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75-091

E 16247

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

ity of BALTIMORE: (No. 7-2 St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marion Worrell

(a) RESIDENCE NO. 939 N. Castle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1861

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookbinder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER George Worrell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Kegsler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 1926 By C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 25 1926

17 I HEREBY CERTIFY, That I attended deceased from October 28 1926, to November 25, 1926, that I last saw h.. alive on November 25, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis

Hypotension

Residual left hemiplegia

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Thorpe Smith, M. D.

Nov 26 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial Nov 27 1926

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

(Hederman)

HEALTH DEPARTMENT—CITY OF BALTIMORE

16248

101-001

E 16248

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1316 S. 1st St., 9 to 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Hedderman

(a) RESIDENCE NO. 1316 S. 1st St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July -1884

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
A	42	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer Edmondson Co

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER John G. Hedderman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER X

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) X

14 Informant Lee Hedderman

(Address) 1316 S. 1st St

15 Filed Nov 27 1926 G. F. SIMPSON Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 1 mos. 4 ds.

(Signed) James M Kemler M. D.

(Coroner)

, 1926 (Address) 700 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. Nov. 27th 1926

Date of Burial

20 UNDERTAKER Lilly & Son ADDRESS 403 S. Wolfe St

Cor.—1-12-23—M&T—100 Bks.

16249

HEALTH DEPARTMENT—CITY OF BALTIMORE E 16249

CERTIFICATE OF DEATH.

162

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1634 E. Chase ST. 8-4 WARD)

2-FULL NAME Baby L--- -- Caccamo

(a) RESIDENCE NO. 1634 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXX

7 DATE OF BIRTH (month, day, and year) Nov 26/26

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		About 2hrs		

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto. Md

11 NAME OF FATHER Leonard Caccamo

12 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

13 MAIDEN NAME OF MOTHER Florence Brown

14 BIRTHPLACE OF MOTHER (city or ~~Italy~~ (State or country) Balto Md

Informant Leonard Caccamo

(Address) 1634 E. Chase St

Filed 1926 192 C. F. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Inspired Fluid(Lungs) No one in attendance at birth. Lived about 2 hrs.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. H. Pollen, M. D. (Coroner.)

11/26/26 192 (Address) 508 E. Nor h Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent Cemetery

DATE OF BURIAL 11/27 192 6

20 UNDERTAKER Geo J Ruth

ADDRESS 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

E 16250 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16250

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Poplar Grove ST. 15-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ruhl

(a) RESIDENCE No. 1719 Poplar Grove ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura V Ruhl

6 DATE OF BIRTH (month, day, and year): July 9, 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Hochschild Kohn & Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Geo Ruhl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Stuckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Laura V Ruhl 1719 Poplar Grove

15 Filed: 26 1926 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): NOV 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1- 19 26 to Nov 25 19 26,

that I last saw h[illegible] alive on Nov 25 19 26,

and that death occurred, on the date stated above, at 7:45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: NOV 27 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS: [illegible] EDMONDSON AVE.

r.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16251

16251

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) Johns Hopkins Hospital ST. (16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie McKee

(a) RESIDENCE NO. 1038 N. Gilmor St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Clarence McKee

ATE OF BIRTH (month, day, and year) Unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

IRTHPLACE (city or town) (State or country) Virgiia

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice A. Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant James McKee
(Address) 1038 N. Gilmor St

Filed 6 1926. 19 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Chronic Carditis.
Myo

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Bailey, M. D. (Coroner.)

11/26/26, 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roxbury Va. DATE OF BURIAL 11-27 1926

20 UNDERTAKER E. O. B. Nash ADDRESS 115 E. Lexington

Cor.—12-9-25—A Co.—200 Bks.

E 16252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

155 E 16252

1-PLACE OF DEATH

City of BALTIMORE: (No. 1516 Mill Race Road St., 13 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Alfred Burke

(a) RESIDENCE NO. 1516 Mill Race Rd (Hampden) St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of)))))

7 DATE OF BIRTH (month, day, and year) October 16/1918

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Daniel S.Burke

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Lucy F. Bush

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Lucy Bush Burke (mother)

(Address) 1516 Mill Race Rd

15 [illegible] 1926 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Osteomyelitis left lower jaw.
(Infected tooth)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) .....yrs. .....mos. .....ds.

(Signed) J. Ellis Waller, M. D.
(Coroner)

17 (Address) 11/26/26 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden Date of Burial Nov 27 1926

20 UNDERTAKER Cheenowith & Son ADDRESS 3617 Chestnut ave

—1-12-23—M&T—500 Blks.

E 16253

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16253

CERTIFICATE OF DEATH.

33

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (NO. 1034 Wife of ST. 10-2 WARD)

2-FULL NAME Howard George

(a) RESIDENCE NO. 1013 Wilcot ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

eagth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

f married, widowed, or divorced HUSBAND of (or) WIFE of Nora George

ATE OF BIRTH (month, day, and year) May 19. 1877

GE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	6	7	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Window Washer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Stinson George

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

Informant Mrs Nora George
(Address) 1013 Wilcot St

Filed ..... 1926 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926, to Nov 25, 1926,

that I last saw h/M alive on Nov 25, 1926

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

General Tuberculosis
Pulmonary Tuberculosis

(duration) X yrs. V mos 11 ds.

CONTRIBUTORY (Secondary) .....

(duration) X yrs. 2 mos. X ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) H. H. Burns, M. D.

(Address) 928 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Nov 28 26
20 UNDERTAKER	ADDRESS
Edmund W Conklin	2[illegible] E Eager

—1-12-23—M&T—500 Blks.

16254 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16254

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 920 E. Eager ST. 10-2 WARD)

2-FULL NAME Martin Calleran

(a) RESIDENCE NO. 920 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Sarah Calleran

DATE OF BIRTH (month, day, and year) May 12, 1871

AGE Years	Months	Days	If LESS than 1 day, ...hrs or min.
55	6	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sexton Public School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Calleran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Wm. Calleran (Address) 920 E Eager St

15 Filed 7 1926 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 18th, 1926, to Nov 25, 1926, that I last saw h alive on Nov 24, 1926 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

died in about 5 days

(duration) (?) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Fibrinous pleurisy left (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Thos R. Geraghty M. D.

11/27 1926 (Address) 7225 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Nov 29 1926

20 UNDERTAKER Edward W. Conklin ADDRESS 924 E Eager St.

1-12-23—M&T—500 Bks.

E 16255 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16255

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Caroline & Oliver St. 12-4 WARD)

2-FULL NAME Mrs Sadie Knight

(a) RESIDENCE NO. 2462 Greenmount Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married.

If married, widowed, or divorced HUSBAND of or) WIFE of John W. Knight.

ATE OF BIRTH (month, day, and year) aug 31. 1873

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife —

(b) General nature of industry, business, or establishment in which employed (or employer) 0.27

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Frank Hopkins —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER ? Stuck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant (Address) Hospital Record.

Filed 7 1926 , 19 Sampson Jones, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov-24 , 1926 , to Nov-24 , 1926.

that I last saw him alive on Nov. 24 , 1926

and that death occurred, on the date stated above, at 9.45 p. m.

The CAUSE OF DEATH* was as follows:

Chr. nephritis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no. Date of

Was there an autopsy? none.

What test confirmed diagnosis? Clinical.

(Signed) Thomas A Hunter M.D.

, 19 (Address) 532 E 22nd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL M. M. Hereford

DATE OF BURIAL 11-27 1926

20 UNDERTAKER Hereford Bros

ADDRESS Balto Co

...c.—1-12-23—M&T—500 Blks.

E 16256 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16256

CERTIFICATE OF DEATH.

40

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital ST. C-2 WARD)

2-FULL NAME Mary Rodd Glenn

(a) RESIDENCE No. 626 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Glenn

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
37	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlotte Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Samuel H. Glenn (Address) 626 N. Caroline St.

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

NOV 27 1926

CAUSE OF DEATH. See instructions on reverse side. TION is very important

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1926, to Nov. 24, 1926, that I last saw h e alive on Nov. 24, 1926, and that death occurred, on the date stated above, at 10 53 A m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos 1 0 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) John W. Gaines M. D.

, 19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Nov. 27 1926
20 UNDERTAKER	ADDRESS
Alvis N. Johnson	626 N. Caroline St.

rec.—12-9-25—A Co.—200 Blks.

16257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16257

CERTIFICATE OF DEATH.

X 90

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Baltimore city Hosp St., Ward)

2-FULL NAME Martha Pulaski

(a) RESIDENCE NO. 6 Parkside Drive Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	W	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of George Pulaski

7 DATE OF BIRTH (month, day, and year) Nov. 29-1865

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
60	11	26 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work cook - 021

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia

(State or country) Penn -

PARENTS

10 NAME OF FATHER Robert Carey

11 BIRTHPLACE OF FATHER (city or town) England

(State or country)

12 MAIDEN NAME OF MOTHER Martha

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant George Pulaski

(Address) 2248 Eutaw Place

15 1926 C. HAMPSON JONES, M. D.

19 Registrar

Per R.P.S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov 25 - 26

17

I HEREBY CERTIFY, That I attended deceased from Nov - 17 1926 to N - 25 - 1926,

that I last saw h alive on 11 - 25 - 1926,

and that death occurred, on the date stated above, at 9 40 pm.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death? At home -

Did an operation precede death? no Date of

Was there an autopsy? no -

What test confirmed diagnosis? Phy findings

(Signed) Wm Hamilton, M. D.

, 19 (Address) Balto City Hosp -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery Date of Burial Nov 27 19 26

20 UNDERTAKER George L. Lehmaier ADDRESS 1100 Eutaw Ave.

—1-12-23—M&T—500 Blks.

16258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16258

129

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 429 N. Dallas ST., 6-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Pack

(a) RESIDENCE NO. 429 N. Dallas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	58			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edna Malone

(Address) 429 N. Dallas st.

Filed 7 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1926, to Nov. 24, 1926, that I last saw h... alive on Nov. 24, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos 1 ds.

CONTRIBUTORY (Secondary) Cirrhosis - Chronic Interstitial Nephritis (duration) ... yrs. 6 mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Portion

(Signed) Dr. J. W. Kennard, M. D.

11-25 1926 (Address) 708 Union st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Isbury cemetery — DATE OF BURIAL Nov. 27 1926

20 UNDERTAKER Edward Bryan — ADDRESS 1691 orleans st

...—1-12-23—M&T—500 lks.

1924

E 16259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16259

CERTIFICATE OF DEATH.

X 143-09

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ..... St. 6-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeanne Page

(a) RESIDENCE NO. 1601 E. Fayette St. Balto-hd WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col-	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Page 1903

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	23			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER William Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Susana McNeal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1926, to Nov 25, 1926, that I last saw her alive on Nov 25, 1926 and that death occurred, on the date stated above, at 4:45 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia, Home Left Pleurisy

(duration) 0 yrs. 0 mos 6 ds.

CONTRIBUTORY (Secondary) Intestinal Paresis — 7 mo

miscarriage (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Spinal tap for Urine Date of Nov. 24, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture

(Signed) O. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dillon S.C — DATE OF BURIAL Nov 27 1926

20 UNDERTAKER Edward Bryan — ADDRESS 168 Orleans St.

27 1926 FILED

Rec.—12-9-25—A Co.—200 Blks.

E 16260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16260

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 2-2 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Brent

(a) RESIDENCE NO. 309 S. Bethel St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1885

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0 21

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Howard Brunt

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Maria —

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 25 1926

17 I HEREBY CERTIFY, That I attended deceased from November 24, 1926, to November 25, 1926, that I last saw him alive on November 24, 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

Chronic Myocarditis & Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R Hooper Lundy, M. D.

Nov 26 1926 (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury — Date of Burial: Nov 27 1926

20 UNDERTAKER: John W Henderson — ADDRESS 1502 E Monument

...—12-9-25—A Co.—200 Bks.

16261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16261

1-PLACE OF DEATH

City of BALTIMORE: (No. 2517 N. Pratt St. 10-4 160 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alma B. Kreiner

(a) RESIDENCE NO. 2517 N. Pratt St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 1st 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	1	25	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Harry J. Kreiner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Anna M. Leonard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Harry J. Kreiner

(Address) 2517 N. Pratt St.

15 Filed 1926 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest

(Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) — yrs. 1 mos. 25 ds.

CONTRIBUTORY (Secondary)

(duration) mos. ds.

Nov 26 1926 (Signed) Thos. B. Horton M. D. (Coroner)

(Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.) Balto Md

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Nov 29 1926

20 UNDERTAKER ADDRESS

F. D. Kilpatrick 1850 W. Balto

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16262

CERTIFICATE OF DEATH

24 E 16262

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2401 Tait ave. St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian Anna Flannery.

(a) RESIDENCE NO. 2401 Tait ave. St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 7 mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 4th 1912

7 AGE — Years: 14 — Months: 7 — Days: 22 21

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School attendant

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Peter W. Flannery

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary E. Creighton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Peter W. Flannery.

(Address): 2401 Tait ave.

15 Filed ..... 1926 ..... 16 ..... Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 26 F 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov-15, 1926, to Nov 26-, 1926

that I last saw h[illegible] alive on Nov 25, 1926,

and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows: Acute - Chorea - Insanious -

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary): Coma —

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted ✓

if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Farrell Brune, M. D.

. 19 (Address) 1258 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial: Nov. 29 1926

20 UNDERTAKER: Lilly + Giles — ADDRESS: 4038. Wolfe

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16263

CERTIFICATE OF DEATH.

108 E 16263

1-PLACE OF DEATH

REGISTERED NO. C.....

ITY OF BALTIMORE: (No. 529 S Smallwood St.; 10-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles F. Benner

Residence in Baltimore: No. 529 S Smallwood St.; 1/2 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

DATE OF BIRTH, Nov (Month) 12 (Day), 1901 (Year)

AGE, 25 yrs. ..... mos. 13 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) ..... Helper B&O

BIRTHPLACE, (State or Country), Baltimore Md

10-NAME OF FATHER, C F. Benner

11-BIRTHPLACE OF FATHER (State or Country), Baltimore

12-MAIDEN NAME OF MOTHER Martha Serpersen

13-BIRTHPLACE OF MOTHER (State or Country), Balto Md

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Chas Frank Benner

(Address) 2232 Eagle St

6-

Filed ..... 192... C. Fenwick Jones M. D.

1926 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov (Month) 25 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 11 1926, to Nov 25 1926, that I saw him alive on Nov 25 1926, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Pancreatitis

Nephritis Chronic

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) ..... yrs. ..... mos. 2 ds.

(Signed) Frank K Clarke M. D.

11/26/26, 191... (Address) 2107 Shelburne

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park

DATE OF BURIAL, 11-27-26, 192...

20-UNDERTAKER H C Brauning Son

ADDRESS 1 W Saratoga St

For.—12-9-25—A Co.—200 Bks.

16264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57 E 16264

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital Ward) 7-1

2-FULL NAME Bessie Weems

(a) RESIDENCE NO. 1543 E. Madison St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of none

7 DATE OF BIRTH (month, day, and year) Mar 5/1913

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	13	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas Weems

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Lutherville, Md

12 MAIDEN NAME OF MOTHER Florence Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Lutherville, Md

14 Informant Thomas Weems

(Address) 1543 E. Madison St

15 Filed 19 Registrar

7 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitis

about (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Ball M. D.

(Coroner)

11/27/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Rest Towson Date of Burial 11/28/ 1926

20 UNDERTAKER Wm Geo. H. Holland ADDRESS 1631 Druid Hill

—1-12-23—M&T—500;Bks.

E 16265 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16265

100,001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

TY OF BALTIMORE: (No. 33rd & Calvert St. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Merrill Klingel

(a) RESIDENCE NO. 1423 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Aug. 4, 1926.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	21	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Balt. Md.

10 NAME OF FATHER Adam Klingel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Md.

12 MAIDEN NAME OF MOTHER Lillian Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Md.

Informant Mother

(Address) 1423 N. Fulton ave

Filed 1926 C. FRANCIS JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1926, to Nov. 25, 1926, that I last saw him alive on Nov. 25, 1926, and that death occurred, on the date stated above, at 9:35 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs

(Signed) Frank R. Smith, Jr., M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudan Cemetery

DATE OF BURIAL Nov 27 1926

20 UNDERTAKER Josiah Dyer

ADDRESS 1600 N. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

16266

CERTIFICATE OF DEATH.

E 16266

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital Ward) REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Mc Manus

(Residence in Baltimore: No. England Steamer Menastir St.; yrs., mos. 3. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1 (Year)

7-AGE, 39 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), England

PARENTS.

10-NAME OF FATHER, —

11-BIRTHPLACE OF FATHER (State or Country), —

12-MAIDEN NAME OF MOTHER —

13-BIRTHPLACE OF MOTHER (State or Country), —

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Bearlett

(Address) Cousin Mrs. Bearlett Same

15- Filed 7 1926 Per C. EMPSON JONES, M. D. 191 Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 4 (Month) (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Ac. Appendicitis

(Duration) 1 yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Pneumonia

(Duration) 3 yrs. ..... mos. 1 ds.

(Signed) H. H. Slade M. D.
(Coroner.)

Nov 4 1926 (Address) 12 E. Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .... yrs. ..... mos. ..... ds. In the State .... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park Cem. DATE OF BURIAL, Nov 7 1926

20-UNDERTAKER John C. Mitchell ADDRESS 801 W Fayette

c.—1-12-23—M&T—500 Bks.

E 16267 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16267

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Sydenham Hospital 6-2 ST.) WARD)

2-FULL NAME George Henry Welsh

(a) RESIDENCE NO. 2012 Orleans St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov. 16, 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	0	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Simeon G. Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mercy Hammons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Simeon G. Welsh
(Address) 2012 Orleans St

Filed ..... 1926 ..... 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1926, to Nov. 26, 1926, that I last saw h ~~alive~~ Dead on admission on 11/26 1926, and that death occurred, on the date stated above, at 9 30 p.m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) ..... yrs. ..... mos ? ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Lt. Culture

(Signed) Myron G. Tull, M. D.

11/26 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Nov 28 1926
20 UNDERTAKER John Ulrich	ADDRESS 2015 Orleans

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16268

CERTIFICATE OF DEATH.

162

1-PLACE OF DEATH University Hospital

Registered No.....

City of BALTIMORE: (No. Lombard & Greene St. 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Leese

(a) Residence No. Westminster Md St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) S

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 11-24-26

8-AGE. ....yrs. ....mos. ....ds.

If LESS than 1 day, 2 hrs. or ....min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Baby

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country). Maryland

PARENTS.

10-NAME OF FATHER. Roy Leese

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Penn.

12-MAIDEN NAME OF MOTHER. Mary Woodeman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant).....

(Address).....

15- Filed 7 1926 C. EARLE JONES, M. D. Registrar.

For CRR

0824

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 11/24/26

17- I HEREBY CERTIFY, That I attended deceased from 11-24, 1926 to 11-24, 1926

that I last saw h.r. alive on 11-24, 1926

and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Maternal Nephritis

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Chas. F. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL. ....., 19....

20-UNDERTAKER. Commissioner Health.

ADDRESS NOV 27 1926

c.—1-12-23—M&T—500 Blks.

E 16269 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16269

CERTIFICATE OF DEATH.

38

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 604 Pitcher ST. 14-1 WARD)

2-FULL NAME Mrs Boston

(a) RESIDENCE NO. 604 Pitcher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Carrie Boston

DATE OF BIRTH (month, day, and year) 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
43	—	—	—	

OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Nat. Boston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Carrie Boston

(Address) 604 Pitcher St

Filed 1926 C. EMMONS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1926 to Nov 25 1926

that I last saw ~~him~~ alive on Nov. 24, 1926

and that death occurred, on the date stated above, at 2.30 A.m.

The CAUSE OF DEATH* was as follows:

Rupture Aneurism (Aortic)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) Hawk E. Mayhew M. D.

19 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Nov 28/26
20 UNDERTAKER	ADDRESS
Harris Easton	Same

pec.—12-9-25—A Co.—200 Bks.

E 16270 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16270

CERTIFICATE OF DEATH. 90

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bon Secours Hospital St., or Ward)

2-FULL NAME Annie Bessie Watkins

(a) RESIDENCE NO. 537 Dolphin Street Baltimore Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1879

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) Baltimore Maryland (State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Agnes Washington (Address) 1517 Wineholt Ave

15 Filed DEC 7 1926, 19 ... ORA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

11-24-'26

17 I HEREBY CERTIFY, That I attended deceased from 4-17-'24 19..., to 11-24-'26, 19..., that I last saw h... alive on 11-23-'26, 19..., and that death occurred, on the date stated above, at 4:30 a. m.

The CAUSE OF DEATH* was as follows:

Pancreatic abscess

myocarditis

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Lymphatic Bronchopneumonia

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? Pathological

(Signed) Frank Holmes, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Date of Burial Nov 27 1926

20 UNDERTAKER Hamilton ADDRESS 916 Pa Ave

ec.—6-9-19—H. P. Co.—1000 Bks.

16271 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16271

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (NO. 1410 W Mulberry St ST. 14-1 WARD)

2-FULL NAME James C Brayton

(a) RESIDENCE. NO. 1410 W Mulberry St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Melitta Brayton

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Keystone Candy Clean

(c) Name of employer W. Cline Hopp B & O R.R

BIRTHPLACE (city or town) (State or country) Middlesex Co Va

10 NAME OF FATHER Carter Brayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Middlesex Co Va

12 MAIDEN NAME OF MOTHER Eliza Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middlesex Co Va.

11 Informant Melitta Brayton
(Address) 1410 W Mulberry St

7 1926 C. [illegible] Registrar
Per RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11—25— 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 17 1926, to Nov 25 1926, that I last saw h alive on Nov 24 1926, and that death occurred, on the date stated above, at 9:50 a. m.

The CAUSE OF DEATH* was as follows:

Cardio—Renal Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Marcellus E. Torney, M. D.

, 19 (Address) 1424 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Riverview Middlesex Va DATE OF BURIAL Nov 27/26

20 UNDERTAKER David Easton ADDRESS 914 Baltimore

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16272

CERTIFICATE OF DEATH.

90 E 16272

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 N Broadway St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gwen Fe Nelson

(a) RESIDENCE NO. 508 N Broadway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE — Years: 35 — Months — Days — If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Maid

(b) General nature of industry, business, or establishment in which employed (or employer): 670

(c) Name of employer

9 BIRTHPLACE (city or town): Washington

(State or country): D.C.

PARENTS

10 NAME OF FATHER: Randolph Stuff

11 BIRTHPLACE OF FATHER (city or town)

(State or country): D.C.

12 MAIDEN NAME OF MOTHER: Lula Cowan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Lula Cowan

14 Informant: V. Buddie Nelson

(Address) 102 W. 39 St

I 1926 C. EMMETT JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Hitted Streets

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

....., 19.. (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

Date of Burial: 11/27/26

20 UNDERTAKER: Emma L. Beasley

ADDRESS: 1116 Bdle

...—1-12-23—M&T—500 Blks.

16273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 16273

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 E. Cumberland St. 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Moran

(a) RESIDENCE NO. 2306 E. Cumberland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): December 11 [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hr. or min
	49.	11	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): Work

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

10 NAME OF FATHER: Frederick Horan

11 BIRTHPLACE OF FATHER (city or town) (State or country): German

12 MAIDEN NAME OF MOTHER: Mollie Krause.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

PARENTS

14 Informant: Frederick Horan

(Address): 612 E. Cumberland St.

15 Filed 12 7 1926, 19 C. HARRISON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1926, to Nov 26, 1926, that I last saw h[illegible] alive on Nov 26, 1926 and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(duration) unknown ds.

CONTRIBUTORY (Secondary) Interstitial nephritis Chronic

(duration) unknown. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank A. Jannuzzelli, M. D.

11/26, 1926 (Address) 243 East Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Brooklyn	Nov 29 1926
20 UNDERTAKER	ADDRESS
Wendell & Keppel	300 E. Lexington

—1-12-27—M&T 4500 Blks.

E 16274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16274

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ..... ST., M-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marvin A. Corley

(a) RESIDENCE No. 815-13th St. Aguasta, Ga - ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	19			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ga.

10 NAME OF FATHER A. D. Corley

11 BIRTHPLACE OF FATHER (city or town) SC -
(State or country)

12 MAIDEN NAME OF MOTHER Eire Hamilton

13 BIRTHPLACE OF MOTHER (city or town) Ga
(State or country)

Informant Reeds -
(Address) Johns Hopkins Hosp.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 23, 1926, to Nov 26, 1926, that I last saw h[illegible] alive on Nov 26, 1926, and that death occurred, on the date stated above, at 2:00 m.

The CAUSE OF DEATH* was as follows:

Brain Tumor, Pituitary

(duration) yrs. 6 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 11/26/26

Was there an autopsy? Partial, yes -

What test confirmed diagnosis? Examination of head

(Signed) George E. Tunney, M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Augusta Ga.

DATE OF BURIAL 11/27 1926

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Bway

1-12-23—MAT—500 Bks.

E 16275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16275

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Mrs Helen Carter

(a) RESIDENCE NO. East 375 - 17th Ave South ST., ... WARD .....
(Usual place of abode) St Petersburg, Fla
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Caleb.

DATE OF BIRTH (month, day, and year) Aug 15 - 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27.	3	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N. J.

10 NAME OF FATHER F. F. Brooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Ida Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant Rearde

(Address) JOHNS HOPKINS HOSPITAL

Filed 7 1926 C. FAMPSON (M. D.)

Per RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Nov 26, 1926,

that I last saw h alive on Nov 26, 1926,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis Bilat

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? St Petersburg Fla

Did an operation precede death? Yes Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Robert Wunderly, M. D.

, 19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Phila Pa	Nov 27 1926
UNDERTAKER	ADDRESS
John C Mitchell	1708 W Fayette

pec.—12-9-25—A Co.—200 Bks.

E 16276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 16276

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Goldblatt

(a) RESIDENCE NO. 1015 N. 36th St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 ~~Single, Married, Widowed,~~ or Divorced. (~~write the word~~): Divorced

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

7 DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Junk dealer

(b) General nature of industry, business, or establishment in which employed (or employer): 45

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Jack Laurs

(Address) 1439 E Balt St

15 Filed NOV 28 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1926, to Nov 27, 1926, that I last saw him alive on Nov 27, 1926, and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of Hip

Knee (duration) — yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? None Granted

What test confirmed diagnosis? Clinically

(Signed) [illegible] M.D.

11/27, 1926 (Address) 1439 E Balt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hamilton Ontario Ca — Date of Burial 11/27 1926

20 UNDERTAKER: Jack Laurs — ADDRESS 1439 E Balt St

—1/12-23—M&T—500 Bks.

E 16277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 31

E 16277

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 9-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mable Norris

(a) RESIDENCE No. Knottsville—Mel ST., ... WARD .....
(Usual place of abode) Edwardsville
Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH. (month, day, and year) DEC 30 - 24

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1 yr.	10	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) .....
(State or country) Md

10 NAME OF FATHER Sam'l Norris

11 BIRTHPLACE OF FATHER (city or town) ..... Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Norris

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Md

Informant Rueda
(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 .....
DEC 28 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1926, to Nov 24, 1926,
that I last saw her alive on Nov 24, 1926,
and that death occurred, on the date stated above, at 6:35 P. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Tuberculosis, meningitis

(duration) ..... yrs. ..... mos. 17 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Tbc - bacilli ... Cure

(Signed) Thomas W Cornwall, M. D.

11-29 1926 Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Union Protestant	Nov 27 1926
20 UNDERTAKER	ADDRESS
Wm H Cruse & Son	1705 Madison

Dec. 16278—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 16278

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. Mammount 880 Rutland Ave 15-12 Ward)

2-FULL NAME Mrs. Fannie Cohen

(a) RESIDENCE NO. 2100 Prestman St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jack Cohen

7 DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

PARENTS

14 Informant (Address) Jack Lewis 1439 E Baltimore St

15 Filed....., 19.. THOMPSON JONES, M. D. Registrar

Fee RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27/26 19

17 I HEREBY CERTIFY, That I attended deceased from 11/26/26, 19.., to 11/27/26, 19.., that I last saw h.. alive on 11/27/26, 19.., and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Trachea

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Hemmarhage (duration) yrs. 3 mos. 3 wks.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) [illegible] M. D.

, 19.. (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rehreuth Conmel — Date of Burial 11/28 19 26

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Balt St

Cor.—1-12-23—M&T—100 Bks.

E 16279 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16279

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Ensor St ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Weinstein

(a) RESIDENCE No. 1200 Ensor St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Weinstein

DATE OF BIRTH (month, day, and year) unk

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Philip Dashew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah -----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis
(Address) 1439 Eutaw St

Filed 192 Registrar

C. HARRISON JONES, M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. McCallum, M. D. (Coroner)

11/27/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shehrai Hessed Cem DATE OF BURIAL 11/28 192 26

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

—1-12-23—M&T—500 Bks.

E 16280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 16280

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-1 WARD)

2-FULL NAME Helen Brown

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

eagth of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	11	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Substitute Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) school

(c) Name of employer Unknown

BIRTHPLACE (city or town) Kent Co. (State or country) Md.

10 NAME OF FATHER Conaway Brown

11 BIRTHPLACE OF FATHER (city or town) Kent Co. (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Kent Co. (State or country) Md.

Informant Mt Hope Retreat

(Address) Mt Hope Retreat

Filed 1926, 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1926, to Nov 27, 1926,

that I last saw h e alive on Nov 27, 1926,

and that death occurred, on the date stated above, at 3.50 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Ulceration Ileo. Colitis

("Dysentary of Insane")

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Dementia Praecox

(duration) 19 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P Hill, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	11/29 1926
20 UNDERTAKER Henry W Myers Inc	ADDRESS 805 N Calvert

Dec.—1-10-21—M & T—1500 pads

George Clinton Fincham

E 16281 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16281

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE (No. 425 ST., WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Clinton Fincham

(a) RESIDENCE NO. Savage Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced. (write the word) Marrd

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
37				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 086

(b) General nature of industry, business, or establishment in which employed (or employer) New York.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Geo. Fincham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant St Agnes Hospital (Address) Balto Md

15 Filed DEC 28 1926 19 C. HAMPSON JONES, M. D. Registrar

By KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-16-26, 19 , to 11-27-26, 19 ,

that I last saw he alive on 11-27-26, 19 ,

and that death occurred, on the date stated above, at 10:40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Theodore Hunter, M. D.

, 19 Address St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savage Md

DATE OF BURIAL Dec 1st 1926

20 UNDERTAKER Geo. E. French

ADDRESS Laurel Md

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16282

CERTIFICATE OF DEATH.

90 E 16282

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 1909 Park Ave ST. 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia J. Gemeny

(a) RESIDENCE NO. 1909 Park Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter B. Gemeny

DATE OF BIRTH (month, day, and year): Dec 31.1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	68	10	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John A. Amos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Cecilia Audebert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Walter B. Gemeny (Address) 1909 Park Ave.

15 Filed ..... 19 ..... Registrar .....

C. HAMPSON JONES, M. D.

2 8 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1918, to Nov 24, 1926, that I last saw her alive on Nov. 24, 1926, and that death occurred, on the date stated above, at 12.20 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis with Pulmonary Oedema

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Arteio Sclerosis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Seymour H. Gordon, M. D.

, 19 (Address) 3707 Calloway Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. | DATE OF BURIAL: Nov. 29 1926

20 UNDERTAKER: Leo Ottenheimer | ADDRESS: 1320 W. Baltimore

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 16283

CERTIFICATE OF DEATH.

E 16283

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hunter

(a) RESIDENCE NO. Church Home & Infirmary St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year): Sept. 1847

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	79	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Samuel Hunter

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret Carroll

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: John D. Doran

(Address) 3904 Montgomery

15 Filed 28 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 November 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1926, to November 27, 1926, that I last saw h.. alive on November 27, 1926, and that death occurred, on the date stated above, at 12 30 P m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis;

Myocardial Failure

(duration) about 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Vernon H. Norwood, M. D.

(Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem. — Date of Burial: Nov. 29 19 26

20 UNDERTAKER: Geo. A. Little — ADDRESS: Edmondson

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16284

CERTIFICATE OF DEATH.

90 E 16284
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 804 W. Mulberry St., 18 Ward)

2-FULL NAME Emma L Cavano

(a) RESIDENCE NO. 804 W. Mulberry St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of John C Cavano

7 DATE OF BIRTH (month, day, and year) March 23 1859

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	8	3	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or ~~country~~) Baltimore Md

PARENTS

10 NAME OF FATHER Frederick Schmund

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Rees

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant John C Cavano

(Address) 804 W Mulberry St

15 Filed ..... 19.. H. HAMPTON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic

(duration) ..... yrs. ..... mos. ..... ds.

Signed ..... M. D.

(Coroner)

19 (Address) 143 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Date of Burial Nov 30 1926

20 UNDERTAKER Geo W Little ADDRESS 3700 Edmondson Ave

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16285

CERTIFICATE OF DEATH.

44 E 16285

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 617 Ashburton ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Lange Hayden,

(a) RESIDENCE NO. 617 Ashburton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Robert B. Hayden,

DATE OF BIRTH (month, day, and year) Nov. 20. 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	--	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Jacob P. Lange,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary L. Gurney,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Robert B. Hayden,

(Address) 617 Ashburton St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 26 1926 19

17 I HEREBY CERTIFY, That I attended deceased from March 2 .1925. to Nov 26 .1926.

that I last saw her alive on Nov 25 .1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver, stomach.

Metastasis of lungs

(duration) 5+ yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 1921

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) E. L. Bishop, M. D.

Nov 27, 1926 (Address) 501 Sheridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL NOV 29 1926 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 Pennsylvania Ave

pec.—1-10-21—M&T—1500 Blks.

16286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

REGISTERED NO. E 16286

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1734 Darley Ave. ST. 8-1 WARD)

2-FULL NAME Annie A. Shaffer,

(a) RESIDENCE NO. 1734 Darley Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word)
Female	White	Married

6 If married, ~~widowed, or divorced~~

(or) ~~HUSBAND~~ of

(or) WIFE of George W. Shaffer,

DATE OF BIRTH (month, day, and year) Dec. 27. 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	50	11	--	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Geo. W. Tuckey,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary E. Jackson,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Geo. W. Shaffer,

(Address) 1734 Darley Ave.

15 Filed NOV 28 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) NOV 27 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 19 26, to Nov. 26, 19 26,

that I last saw h alive on Nov. 26, 19 26,

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Diabetic mellitus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Death

(Signed) Standish McCleary, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL Parkwood

DATE OF BURIAL NOV 30 1926 19

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

1-12-23—MAT—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16287

CERTIFICATE OF DEATH.

8 4 E 16287

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST., 16-6 WARD)

2-FULL NAME Robert Chadwick Sagar

(a) RESIDENCE NO. 914 Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 18 - 14

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	5	8	

OCCUPATION OF DECEASED School

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER W. T. Chadwick

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Grace Tubman

13 BIRTHPLACE OF MOTHER (city or town) Ohio
(State or country)

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed NOV 28 1926 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 19 26, to Nov 26, 19 26,

that I last saw h[illegible] alive on Nov. 26, 19 26,

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Epilepsy, Jacksonian

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Streptococcus Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of Nov. 24th 1926

Was there an autopsy? No

What test confirmed diagnosis? cultures

(Signed) George E. Finney, M. D.

Nov 26 19 26 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Woodlawn — DATE OF BURIAL NOV 29 1926 19

20 UNDERTAKER Geo W Little — ADDRESS 2706 EDMONDSON AVE.

Dec.—12/9/25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16288

CERTIFICATE OF DEATH. 31

E 16288
REGISTERED NO.

1-PLACE OF DEATH
City of BALTIMORE: (No. Baltimore City Hosp. St. 2. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Dreffler

(a) RESIDENCE NO. 735 N. Chester St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
4 Color or Race: White
5 Single, Married, Widowed, or Divorced. (write the word): Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov 27-1888

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	37	11	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) Maryland.
(State or country)

PARENTS

10 NAME OF FATHER Chas Dreffler
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.
12 MAIDEN NAME OF MOTHER Ann Mendeau
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Hosp Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Nov. 25, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1926, to Nov. 25, 1926, that I last saw h[illegible] alive on Nov. 25, 1926 and that death occurred, on the date stated above, at 10 30 A. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis.
Tuberculous ostitis of foot
(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) W. E. Gatlens, M. D.
11/27, 1926 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. — Date of Burial: Nov. 29 1926

20 UNDERTAKER: Lilly and Zirkin — ADDRESS: 703 N. Wolfe

[illegible] LAMPSON JONES, M. D.

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118-001 E 16289

E 16289

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2011 Bank Street ST. 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tekla • Juras

(a) RESIDENCE No. 2011 Bank Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 50. yrs. mos. ds. How long in U. S., If of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) 1853

GE	Years	Months	Days	If LESS than 1 day, hrs or min
	73			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Turczyn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Mr .M.J. Juras

(Address) 2011 Bank Street

Filed NOV 28 1926 THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1926, to Nov. 25, 1926,

that I last saw her alive on Nov. 25, 1926

and that death occurred, on the date stated above, at 11 15 A m

The CAUSE OF DEATH* was as follows:

Strangulation of Ventral Hernia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. B. Bronstein, M. D.

11-27 1926 Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	NOV 29 1926
20 UNDERTAKER	ADDRESS
John H. Weber	1803 Bank St

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16290

CERTIFICATE OF DEATH.

43 E 16290

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3421 Hickory Ave ST. 13-4 (WARD)

2-FULL NAME George J Embly

(a) RESIDENCE No. 3421 Hickory ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Susan Embly

DATE OF BIRTH (month, day, and year): June 23 1847

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	5	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Penn

PARENTS

10 NAME OF FATHER: James Embly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn

12 MAIDEN NAME OF MOTHER: Elizebeth Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn

14 Informant: Susan Embly

(Address) 3421 Hickory ave

15 Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 26- 1926

17

I HEREBY CERTIFY, That I attended deceased from Feb. 5- 1925, to Nov. 26- 1926.

that I last saw him alive on November 24- 1926

and that death occurred, on the date stated above, at 4 05 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lower lip

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Metastasis to neck

Throat + Jaw (duration) — yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Sept. 1925

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fanby M. D.

11/27/1926 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary. Cemetery Hampd	Nov 29 1926

20 UNDERTAKER: Robt J Turner — ADDRESS: 1402 E. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16291

46.

REGISTERED NO. E 16291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital ST. 8-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Weedon

(a) RESIDENCE No. 1602 E. Federal ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. John Weedon

DATE OF BIRTH (month, day, and year) May 1870.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55 56		6		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Sibel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Self.

(Address) C. HAMPSON JONES, M.D.

15 Filed ..... 19 ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/21, 1926, to 11/25, 1926,

that I last saw her alive on 11/25, 1926,

and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Sigmoid and rectum, uterus, tubes & ovaries

(duration) Unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary infarction

(duration) yrs. mos. 3/4 hour.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11/23/26

Was there an autopsy? No - Exploratory laparotomy

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Nov 29 1926

20 UNDERTAKER Robt J Turner Sons ADDRESS 1442 N. Broadway

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16292

CERTIFICATE OF DEATH.

45

E 16292

1-PLACE OF DEATH

ITY OF BALTIMORE. (No.) 3423 Chestnut Ave ST. 13-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J Smith

(a) RESIDENCE NO. 3423 Chestnut Ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary E Smith

DATE OF BIRTH (month, day, and year) Mar 17-1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk, sh 009

(b) General nature of industry, business, or establishment in which employed (or employer) Mt Vernon Mills

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Co

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ayler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14 Informant (Address) Mrs Mary E Smith 3423 Chestnut Ave

15 Filed . 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1926

17

I HEREBY CERTIFY, That I attended deceased from June . 1924 . to Nov. 28 . 1926.

that I last saw h alive on Nov. 28 . 1926.

and that death occurred, on the date stated above, at 4-40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Proctoscopic Exam.

(Signed) [illegible] , M. D.

Nov 28, 192[illegible] (Address) 8429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cemetery Govans

DATE OF BURIAL Nov 29 1926

20 UNDERTAKER P P Marshall

ADDRESS 3539 Eastfall Ave

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16293

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 16293

REGISTERED NO.

City of BALTIMORE: (No. 3843 Quarry Ave St., 13 Ward) 12-3

2-FULL NAME Paul Otto Kiedermann

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 3843 Quarry Ave St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 24 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Kiedermann

6 DATE OF BIRTH (month, day, and year) About 12-1850

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	7	15	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work China decorator

(b) General nature of industry, business, or establishment in which employed (or employer) 053

(c) Name of employer —

8 BIRTHPLACE (city or town) —

(State or country) Germany

PARENTS

10 NAME OF FATHER August Kiedermann

11 BIRTHPLACE OF FATHER (city or town) —

(State or country) Germany

12 MAIDEN NAME OF MOTHER Coaline —

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) Germany

14 Informant Mrs Bertha Kiedermann

(Address) 3843 Quarry Ave

15 Filed 23 1926 H. WINFIELD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27-26

17

I HEREBY CERTIFY, That I attended deceased from Nov 14 19 26, to Nov 27 19 26

that I last saw h— alive on Nov 27 19 26,

and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Acute Carcinoma de la Face

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis, General arterio sclerosis. Emphysema, Interstitial nephritis. Bronchial asthma

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical, microscopic

(Signed) [illegible], M. D.

11/27, 19 26 (Address) 361 S Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial Nov. 29 19 26

20 UNDERTAKER Horace H. Burgee ADDRESS 363 Falls Road

...—1-12-23—M&T—500 Bks.

Iooma.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16294

E 16294

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 E Pratt St. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Iooma Iooma

(a) RESIDENCE NO. 1817 E. Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mall.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Jan. 14. 1926

7 AGE: Years | Months | Days: 13 | If LESS than 1 day, hrs or min

2 Weeks.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER Frank Iooma

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant Joseph Iooma

(Address) 1817 E Pratt St

Filed NOV 29 1926 19.. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1926,

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1926, to Nov. 27, 1926,

that I last saw him alive on Nov. 27, 1926

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

11/27. 1926 (Signed) Jos F Feinglos, M. D.

(Address) 1801 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincents

DATE OF BURIAL: Nov 29 1926.

20 UNDERTAKER: Randall J Lipsett

ADDRESS: 300 E Eden St

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16295

CERTIFICATE OF DEATH.

E 16295

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. ST 22-2 WARD)

REGISTERED NO. 1001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Dyer.

(a) RESIDENCE NO. St Raphaels Home City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX f

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced (write this word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Ireland (State or country)

PARENTS

10 NAME OF FATHER Frank Dyer

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Ann Gallagher.

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs. Mary Laurin (Address) 418-3 rd St. N.W. Washington

15 Filed 29 1926, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-21, 1926, to 11-27, 1926,

that I last saw h[illegible] alive on 11-27, 1926,

and that death occurred, on the date stated above, at 1 05 P m.

The CAUSE OF DEATH* was as follows:

Senility and
Arteriosclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho-pneumonia

(duration) - yrs. - mos. 3 ds.

18 Where was disease contracted if not at place of death? ? - clinic.

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? clinical means.

(Signed) A J Knapp. M. D.

Nov. 27 1926 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Nov. 29 1926

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16296

CERTIFICATE OF DEATH.

E 16296

36-5-129

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 3222 Fosterm ST. WARD)

2-FULL NAME Welenty Polczynski

(a) RESIDENCE NO. 3222 Foster Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Polczynski

6 DATE OF BIRTH (month, day, and year) Feb. 14 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 003

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Polczynski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Son & Daughter

(Address) C. HAMPSON JONES, M. D.

15 Filed 2 9 1926 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1926.

17

I HEREBY CERTIFY, That I attended deceased from Aug 7. 1926. to Nov. 25. 1926.

that I last saw him alive on Nov. 25. 1926.

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. J. Saunders, M. D.

, 19 (Address) 3035 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem.	Nov. 29 1926
20 UNDERTAKER	ADDRESS
Lilly & Zirk	403 S. Wolfe St.

Cor.—1-12-23—M&T—100 Bks.

E 16297 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16297

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 N. Bradford ST. 82 WARD)

REGISTERED No. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Wickens

(a) RESIDENCE No. 1714 N. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Arsenus Wickens

DATE OF BIRTH (month, day, and year) Jan 6-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

Informant Edward Wickens

(Address) 3616 Cedar Ave

Filed 11 29 1926, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) J. S. Gallert, M. D. (Coroner.)

11/29/26 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	Nov 30 1926

20 UNDERTAKER Clemens & Son ADDRESS 3615 Elmer Ave

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 16298

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 16298

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 608 Cedarcroft Road ST. 26 WARD) 22-1

2-FULL NAME Edward Smyth Duquette

(a) RESIDENCE NO. 608 Cedarcroft Road ST., 26 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? 1 yrs. 2 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year) Sept-15-1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER Herbert L. Duquette

11 BIRTHPLACE OF FATHER (city or town) (State or country): Council Bluffs, Iowa

12 MAIDEN NAME OF MOTHER Evelyn Smyth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chicago, Ill.

14 Informant: Mr. Herbert L. Duquette (father)
(Address) 608 Cedarcroft Road.

15 Filed Nov 29 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1926, to Nov. 28, 1926, that I last saw him alive on Nov. 25, 1926, and that death occurred, on the date stated above, at 11.4 m.

The CAUSE OF DEATH* was as follows:

Whooping cough

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Walter L. Bacon M. D.

11/29/26 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Nov-29-26

20 UNDERTAKER: STEWART & HOWEN COMPANY (WILLIAM F. HOWEN, Successor)

ADDRESS: 108 W. NORTH AVE

ec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 16299

CERTIFICATE OF DEATH.

E 16299

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver. ST. 17-2 WARD)

2-FULL NAME Peter F. Kelly

(a) RESIDENCE NO. 453 W. 24th. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Male	single

6 If married, widowed, or divorced HUSBAND of or) WIFE of .....

DATE OF BIRTH (month, day, and year) Dec. 17, 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	11	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Maryland. Pennsylvania R.R.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John. Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Brigdet. Fahey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant (Address) John Kelly 453 W. 24th St.

FILED 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1926, to Nov 27, 1926, that I last saw him alive on Nov 27, 1926, and that death occurred, on the date stated above, at 9.45 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ... yrs. ... mos 9 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Clement R. Monroe, M. D.

11/27, 1926 (Address) St Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem.

DATE OF BURIAL 12/1 1926

20 UNDERTAKER J. Walter Travis

ADDRESS 3307 Pa Ave

E 16300
PLACE OF DEATH

County Baltimore

Village or City Baltimore (No. 2012 Hollins St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

90 E 16300
STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No.

2FULL NAME Sarah Ellen Babylon
2012 Hollins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow
6 DATE OF BIRTH: November 20 (Month) (Day) 1859 (Year)
7 AGE: 67 yrs. — mos. 7 da. (IF LESS than 1 day hrs. or min.)
8 OCCUPATION
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry business, or establishment in which employed or (employer)
9 BIRTHPLACE (State or country): Maryland

PARENTS
10 NAME OF FATHER: George W. Stone
11 BIRTHPLACE OF FATHER (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Mary Sullivan
13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. R. Babylon
(Address) Baltimore, Md.

15 Filed 192 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 27 (Month) (Day) 1926 (Year)
17 I HEREBY CERTIFY, That I attended the deceased from Sept 1st 1926 to Nov. 27th 1926 that I last saw her alive on Nov 26 1926 and that death occured on the date stated above, at about 6 a m.
The CAUSE OF DEATH * was as follows:
Myocardial Insufficiency —
(Duration) 1 yrs. — mos. — da.
Contributory Secondary: acute cardiac Dilatation (Duration) yrs. mos. 1/2 hr
(Signed) Chas R Fout M.D.
Nov 27 1926 (Address) Westminster Md

* State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death: yrs. mos. ds. In the State: yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Strider's Cemetery — DATE OF BURIAL: Nov 30, 1926
20 UNDERTAKER: J. J. Shaum Son — ADDRESS: Westminster Md

If more blanks are needed, applicant State registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

29 1926 C. KEMPSON JONES, M.D.

E 16301

STATE OF MARYLAND
CERTIFICATE OF DEATH

E 16301

1 PLACE OF DEATH

County Baltimore

Village or City Baltimore (No. 4400 Belleview Ave St.) Ward) Registration Dist. No. 26-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel David Whitmore

4400 Belleview Ave 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: February 4 (Month) (Day) 1855 (Year)

7 AGE: 71 yrs. 9 mos. 22 ds. (IF LESS than 1 day hrs. or min.)

8 OCCUPATION
(a) Trade, profession or particular kind of work: Baker
(b) General nature of industry business, or establishment in which employed or (employer): Retired

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Samuel Whitmore

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Stambaugh

13 BIRTHPLACE OF MOTHER (State or country): Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Whitmore

(Address) Baltimore Md

15 Filed NOV 29 1926 THOMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 26 (Month) (Day) 1926 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov. 22 1926 to Nov. 26 1926, that I last saw him alive on Nov 26 1926, and that death occured on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH * was as follows:

Angina Pectoris

(Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.

(Signed) H R Habisch M. D.

Nov 26 1926. (Address) 112 Chase St.

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Westminster, Md. DATE OF BURIAL: Nov. 29. 1926

20 UNDERTAKER: H. A. Shaum & Son ADDRESS: Westminster Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16302

CERTIFICATE OF DEATH.

188-003

E 16302

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. New Hosp. St. 22-1 Ward)

2-FULL NAME Mary E Konze

(a) RESIDENCE NO. 611 Wash'n Blvd. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 10. 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Konze,

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Henriette E. Pearson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Cambridge Md.

14 Informant Miss. Jane Konze,

(Address) 611 Washington Blvd.

15 Filed 19

Per K K Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-27 1926

17 I HEREBY CERTIFY, That I took charge of the remains deserib ed above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto Acc.

Fracture of Skull.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 4 ds.

(Signed) F. X. Pfeifer M. D.

(Coroner)

Nov 27, 19 (Address) 143 Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL London Park Date of Burial NOV 30 1926 19

20 UNDERTAKER Geo W Little ADDRESS

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16303

CERTIFICATE OF DEATH.

144

E 16303

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Mun Hosp. St. 22-2 Ward)

2-FULL NAME Ira. Graham

(a) RESIDENCE NO. 108 N. Conway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE: Years 20 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER J. M. Graham

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Police Records

(Address) (THOMPSON JONES, M.D.)

15 Filed NOV 29 1926 19 Per [signature] Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) and that said deceased came to... death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Coma

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hardening of Arteries

(duration) ... yrs. ... mos. ... ds.

(Signed) [signature] M. D.

(Coroner)

Nov 29, 19 (Address) 1423 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — Date of Burial NOV 30 1926 19

20 UNDERTAKER: Geo W Little — ADDRESS 2700 EDMONDSON AVE

—1-12-26-MAT—500 Bks.

7646

HEALTH DEPARTMENT—CITY OF BALTIMORE

37-001

E 16304

CERTIFICATE OF DEATH.

37 E 16304

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ..... ST. 16-6 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Gibbon

(a) RESIDENCE NO. 925 N Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	1	17	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto City - Md
(State or country)

10 NAME OF FATHER Robt Gibson

11 BIRTHPLACE OF FATHER (city or town) N. C -
(State or country)

12 MAIDEN NAME OF MOTHER Virgel Taylor

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

Informant
(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 .....

C. HAMPSON JONES, M. D.
Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1926 to Nov 26, 1926, that I last saw h[illegible] alive on Nov 26, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) ... yrs. ... mos 2/5 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) ... yrs. ... mos. 15 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Tuberculin Test X Ray

(Signed) Thomas G Cornwall, M. D.

, 19 Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 29/926
20 UNDERTAKER Nunez Eaton	ADDRESS 64 me.

pec.—1-10-21—M&T—1500 Bks.

16305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 E 16305

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Bruce ST. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia Jones

(a) RESIDENCE NO. 1143 Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 11/20/[illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7 1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chef

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): 1143 Bruce St

10 NAME OF FATHER: Thos. James

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. Carolina

12 MAIDEN NAME OF MOTHER: Betty Boykin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. Carolina

14 Informant (Address): Thos. James 1143 Bruce St

Filed NOV 29 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27th 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26th 19 26 to Nov. 27th 19 26.

that I last saw h alive on Nov. 26th 19 26

and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Con Asphyxia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis M. D.

11/27/26 (Address) 92 W Mad

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Nov 29 1926

20 UNDERTAKER: Hamel Easton — ADDRESS: 916 Ba ave

Spec.—1-10-21—M&T—1500 Bks.

Halsey.

16306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16306

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Gen Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M Halsey

(a) RESIDENCE NO. 1 Belair Ave St., WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Gunn

DATE OF BIRTH (month, day, and year): Mar 8, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Jno. M. Halsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

4 Informant (Address): Hagerstown.

5 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-28-1926

17 I HEREBY CERTIFY, That I attended deceased from 11-17-26, 19.., to 11-28-26, 19.., that I last saw him alive on 11-28-26, 19.., and that death occurred, on the date stated above, at 6:05 a. m.

The CAUSE OF DEATH* was as follows: Cerebral Thrombosis

(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo A Young M. D.

, 19.. (Address) 1115 Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frontdale Virginia	12/29 1926
20 UNDERTAKER	ADDRESS
Chas. E. Homberger	Benson

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16307

CERTIFICATE OF DEATH.

38 E 16307

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincents Infant Home ST. ..... WARD .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Klingelhoefer

(a) RESIDENCE NO. 1401 Division ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: None.

DATE OF BIRTH (month, day, and year) 1926-8-30

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Anna V. Klingelhoefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant (Address): Anna V. Klingelhoefer St Vincents Infant Asylum

C. HAMPSON JONES, M.D.

Filed NOV 29 1926 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/26 19

17 I HEREBY CERTIFY, That I attended deceased from 9/15/26 19 to 11/26/26 19, that I last saw him alive on 11/26/26 19, and that death occurred, on the date stated above, at 30 m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) Life time yrs. mos. ds.

CONTRIBUTORY (Secondary) Perhaps Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Marasmus

(Signed) Walter C Bacon M. D.

11/27 1926 (Address) 100 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov. 29 1926
20 UNDERTAKER	ADDRESS
Martin Faber & Sons.	1827 W. North Ave.

ee.—1-12-23—M&T—500 Blks.

Lucia C Edwards

E 16308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 16308

1-PLACE OF DEATH Baltimore.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 157 2 WARD)

2-FULL NAME Mrs. Lucia C. Edwards

(a) RESIDENCE NO. 3804 Calloway Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Winston Edwards.

DATE OF BIRTH (month, day, and year) November 12, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	61	0	15	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City N. Y.

PARENTS

10 NAME OF FATHER William H. Cochran

11 BIRTHPLACE OF FATHER (city or town) New York City (State or country) New York

12 MAIDEN NAME OF MOTHER Sarah Cazier

13 BIRTHPLACE OF MOTHER (city or town) Kirkwood (State or country) Delaware

14 Informant Mrs. Lucia C. Edwards (Address) 3804 Calloway Ave

JOHNS HOPKINS HOSPITAL

15 Filed 11 29 1926 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 29 1926

17 I HEREBY CERTIFY, That I attended deceased from November 17, 1926, to November 29, 1926, that I last saw her alive on November 29, 1926 and that death occurred, on the date stated above, at 2.45 p. m

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. I. Weinheimer, M. D.

11-27, 1926 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov 29 19 26
20 UNDERTAKER	ADDRESS 532
George J. Smith	Hollins

Cor.—12-9-25—A Co.—20) Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16309

CERTIFICATE OF DEATH.

16-3 188-002

REGISTERED E 16309

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Augaitis.

(a) RESIDENCE NO. 1029 Ashburton St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: emale.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6 If married, widowed, or divorced (or) WIFE of: Anthony Augaitis.

7 DATE OF BIRTH (month, day, and year): Do not know.

8 AGE — Years: 52 — Months: ——— — Days: ——— — IF LESS than 1 day.....hrs. or.....min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (city or town):

(State or country): Lithuania.

11 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Do not know.

14 Informant: Selma Williams. (daughter)

(Address) 1029 Ashburton St.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): November 26 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

struck and knocked down by street car. while crossing street. Fracture of the skull. Accidental Death.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Otto M Reinhardt M. D.

(Coroner)

11/29 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? Poplar Grove & Mosher Sts Nov. 26, 1926

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial: nov 30 1926

20 UNDERTAKER: John Grabliauckas ADDRESS: 423 S. Paca St

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16310

CERTIFICATE OF DEATH.

E 16310

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 247 S Durham ST. 2-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Harris

(a) RESIDENCE NO. 247 S Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

DATE OF BIRTH (month, day, and year) March 12, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	8	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Arundel County Md.

10 NAME OF FATHER Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Maria Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Arundel County Md.

Informant (Address) Mrs. Houston 241 S. Durham St.

Filed NOV 29 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/20, 1926, to 11/27, 1926,

that I last saw h alive on 11/26, 1926

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy ×
Paralysis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jno Chatty, M. D.

11/27 1926 (Address) 2154 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetary	Nov 29 1926
20 UNDERTAKER	ADDRESS
Thos. C. Waite	135 S. Howard

...r.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16311

CERTIFICATE OF DEATH.

100-001

123

E 16311

REGISTERED NO.

1-PLACE OF DEATH

...TY OF BALTIMORE: (No. Johns Hopkins Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Mitchell

(a) RESIDENCE NO. 2533 Oak St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

...ength of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	col	single

...married, widowed, or divorced
HUSBAND of
(or) WIFE of none

...ATE OF BIRTH (month, day, and year) Jan 13/26

...GE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	12	

...CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

...IRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Howard Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Nellie Atkind

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

Informant (Address) Nellie Mitchell (mother) 2533 Oak St

...Filed NOV 29 1926 C. HAMPSON JONES, M. D. Registrar

...Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Pneumococcus)
(Autopsy at Hospital)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia)

(duration) yrs. mos. ds.

(Signed) J. H. Waesche, M. D.
(Coroner.)

11/27/26. 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemtery — DATE OF BURIAL 11/29/26

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1745 Ashland Ave

Spec.—12-9-25—A Co.—200 Bks.

E 16312

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 16312

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1225 Edward St. 5-2 Ward)

2-FULL NAME Isabella Cole

(a) RESIDENCE NO. 1225 Edward St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about 43			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Baltimore city

(State or country)

PARENTS

10 NAME OF FATHER David Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Reason

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mary Williams

(Address) 1225 Edward St

15 Filed _____, 19 _____ _____ Registrar

NOV 29 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 22, 1926, to Nov 26, 1926, that I last saw h.. alive on Nov 26, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Indefinite (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Alcoholism

Several years (duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Edward Fisher, M. D.

11-27-1926 (Address) 1617 E mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Auburn	11/29/26

20 UNDERTAKER Mrs R. A. Elliott ADDRESS 27 E Eutaw

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16313

CERTIFICATE OF DEATH.

4rt E 16313

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 2007 Bryant ave ST., 13-5 WARD)

2-FULL NAME Isaac Floam.

(a) RESIDENCE NO. 2007 Bryant ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Widow

f married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophie

ATE OF BIRTH (month, day, and year) 1862

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 63

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Aaron Floam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant David Floam
(Address) 2201 Bryant Ave

Filed NOV 29 1926 HAMPSON JONES, M. D. Registrar
By R J C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 19 26, to Nov 29, 19 26,
that I last saw her alive on Nov 29, 19 26
and that death occurred, on the date stated above, at 1454 m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Hugh Baylis M. D.
11/29/26 19 (Address) 710 Hutchinson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern Ave	11/29 19 26
20 UNDERTAKER Hof Levinson & Bro	ADDRESS 1127 E Balto st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16314

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

61-002

E 16314

CITY OF BALTIMORE: (No. 1750 Lamont Ave ST., 9-6 WARD)

2-FULL NAME Infant of Edith M. & Howard J. Walter

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 1750 Lamont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 27 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Howard J. Walter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Edith M. Myerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant M. Howard J. Walter

(Address) 1750 Lamont Ave

15 Filed 1926 C. H. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1926, to Nov. 27, 1926, that I last saw h[illegible] on Nov 27, 1926, and that death occurred, on the date stated above, at 8:45 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Cord.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

19 (Signed) L. W. Kramer, M. D.

(Address) 1812 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Nov 29 1926

20 UNDERTAKER Henry Heath & Son

ADDRESS 1501 E. Eager St

pec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16315 E 16315

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Woodyear ST., 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Alfred Batts.

(a) RESIDENCE NO. 1131 Woodyear ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Batts

DATE OF BIRTH (month, day, and year): Oct 6. 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hod Carrier

(b) General nature of industry, business, or establishment in which employed (or employer): General Labor

(c) Name of employer: William Nicholson

BIRTHPLACE (city or town) (State or country): Front Royal Virginia.

PARENTS

10 NAME OF FATHER: John Alfred Batts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mona Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Emma Batts (Address) 1131 Woodyear St.

15 Filed 29 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Nov 26, 1926

that I last saw h~~e~~ alive on Nov 24, 1926.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis (duration) yrs. mos 1 wk. ds.

CONTRIBUTORY (Secondary) Hemiplegia - Interstitial Nephritis (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) Wm A Wright M. D.

Nov 26 1926 (Address) 120 9 Orchard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL 11 29 1926

20 UNDERTAKER: Samuel A Hundley ADDRESS 1128 Biddle

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16316 — 1-PLACE OF DEATH

129

E 16316 — REGISTERED NO.

City of BALTIMORE: (No. 59 E. Randall, St. 23-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Reinhold Weihrauch.

(a) RESIDENCE NO. 59 E. Randall, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Weihrauch.

7 DATE OF BIRTH (month, day, and year) Oct, 25, 1866.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60,	1,	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman, Armour Co.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Maggie Weihrauch, (Wife).

(Address) 59 E. Fort Ave.

15 Filed 29 1926 C. HIMSON JONES, M. D. Registrar

By R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: (month, day, and year) Nov. 27. 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1926 to Nov 27 1926, that I last saw h... alive on Nov 27 1926 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows: Acute Cardiac dilatation

(duration) ... yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ... yrs. 6 mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. F. Weihrauch M. D.

Nov. 29 1926 (Address) 59 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Western Cem Nov. 30 1926

20 UNDERTAKER — ADDRESS

G. Howard Evans 38 E Fort Ave

pec.—1-10-21—M&T—150-8ks.

E 16317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16317

CERTIFICATE OF DEATH.

13-2-90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Pennsylvania Ave ST. 13-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Marie Faustman

(a) RESIDENCE NO. 2711 Penna Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm F. Faustman

DATE OF BIRTH (month, day, and year): June 14. 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 87

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Joseph Grandy.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Wm. F. Faustman (Address) 2711 Penna Ave

15 Filed ..... 19 ..... Registrar

H. HAMPSON JONES, M. D.

12 9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1918, to Novemb 25, 1926, that I last saw her alive on Nov. 25, 1926 and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Cardis - nephritis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cons

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W S Love, M. D.

1/26, 1926 (Address) 836 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Nov 29, 1926

20 UNDERTAKER: Harry H Hetzke

ADDRESS: 1531 Fremont Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16318

44 E 16318

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1016 Forrest St. 10-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Rooney

(a) RESIDENCE NO. 1016 Forrest St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: White

5 ~~Single, Married,~~ Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Rooney

6 DATE OF BIRTH (month, day, and year): Nov. 1866

7 AGE: Years 60 Months Days IF LESS than I day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): City

(e) Name of employer

9 BIRTHPLACE (city or town): Belair Md.

(State or country)

PARENTS

10 NAME OF FATHER: John Rooney

11 BIRTHPLACE OF FATHER (City or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Annie Kelce

13 BIRTHPLACE OF MOTHER (City or town): Ireland

(State or country)

14 Informant: Mrs. Helen Mulligan

(Address) 1016 Forrest St.

15 Filed Nov 29 1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Nov 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1926, to Nov 28, 1926, that I last saw him alive on Nov 25, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Metastasis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted

If not at place of death? 1013 Forrest St.

Did an operation precede death? No Date of Oct 17 26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical observation

(Signed) James M Gordon, M. D.

19 26 (Address) 7002 Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hickory Harford Co

Date of Burial: Dec 1926

20 UNDERTAKER: William Beck

ADDRESS: 502 E Madison

J. THOMPSON JONES, M. D.

Dr Hodson 530 E Mad Ave

Spec.–7-17-26—A Co.—200 Bks.

E 16319 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 16319

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 115 Somerset St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeannett Francis

(a) RESIDENCE NO. 115 Somerset St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher J Francis

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER William Ridgeway

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Mahoney

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Mrs C Wrigley

(Address) 1722 Walbrook St

15 Filed NOV 29 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1926

17 I HEREBY CERTIFY, That I attended deceased from November 5 1926 to November 25 1926

that I last saw her alive on November 25 1926

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard Woodall, M. D.

11/27 1926 (Address) 530 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — Date of Burial 11/29 1926

20 UNDERTAKER W M Cook — ADDRESS 502 E North Ave

Spec.—7-17-26—A Co.—200 Bks.

Dr Pearce - 2105 A Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16320

CERTIFICATE OF DEATH

162

E 16320

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 214 Emmet Ave Lawrence St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christine Caroline Brightman

(a) RESIDENCE NO. 214 Emmet Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Nov 23. 1926

7 AGE — Years — Months — Days: 5

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William S Brightman

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Blackwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs R. Pierce Buffington

(Address) 3579 Roland Ave

15 Filed NOV 29 1926, 19.. Registrar: C. HUDSON JONES, M. D.

For R.J.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 19 26, to Nov 28, 19 26

that I last saw h[illegible] alive on Nov 28, 19 26

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Gastro-enteric hemorrhage

2° to Acute Toxic

(duration) 6 yrs. mos. 2 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hemorrhage

(Signed) W. R. Pearce, M. D.

Nov 29 19 26 (Address) 2105 Chas St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 11/29 1926

20 UNDERTAKER: J. Cook — ADDRESS: 501 E Madison Ave

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16321 — CERTIFICATE OF DEATH. — E 16321

1-PLACE OF DEATH St. Josephs Hospital — REGISTERED NO. 101-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Thelma Knight

(a) RESIDENCE NO. Delaware ave, ST., Essex, WARD ..... Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) April 29, 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	6	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER George Knight.

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Thelma Kelly

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

Informant George Knight.
(Address) Delaware ave, Essex Md.

Filed ....., 19.... Registrar

C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1926 to Nov. 28, 1926

that I last saw her alive on Nov. 28, 1926

and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows: Unresolved Lobar Pneumonia of left lung.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) multiple Pul. Abscess,

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) H. L. McAnally, M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Dec 1 1926
20 UNDERTAKER J. G. Connolly	ADDRESS Essex Md

Cor.—12-9-25—A Co.—200 Bks.

Time of burial extended To Nov 29/26, Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

16322

CERTIFICATE OF DEATH.

E 16322

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Battery Ave & York St. St. 23-190 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Jones.(C)

(a) RESIDENCE NO. 48 W. West St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Widower.

6 If ~~MARRIED~~, widowed, ~~DIVORCED~~ WIFE or HUSBAND of ~~XXXXXXXX~~ Gertrude Jones.(C)

7 DATE OF BIRTH (month, day, and year) February 22, 1884.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Washington, D. C.

10 NAME OF FATHER George Jones.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Madeline Curtis.(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Washington, D.C.

14 Informant Mary Matthers.C.(sister)

(Address) 48 W. West St.

Filed 29 1926 C. HAMPSON JONES, M. D.

By K.R. Registrar

Mayle.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Otto M Gernhardt M. D.

(Coroner)

11/29 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery Date of Burial Nov 29 1926

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 32? N. Schroeder St.

...c. 6-9-19 H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16323

CERTIFICATE OF DEATH.

E 16323

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE { NO. 1029 Madison Av ST.; 11-1 WARD)

2-FULL NAME Louisa Burgess

(a) RESIDENCE. NO. 80 Cathedral St. Annapolis Md ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced: ~~HUSBAND of~~ WIFE of Clinton Burgess

DATE OF BIRTH (month, day, and year) Oct-6-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md

10 NAME OF FATHER: Jerry Stearns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

PARENTS

14 Informant (Address): Clinton Burgess 80 Cathedral St Annapolis

15 Filed Nov 29 1926 C. HAMPSON JONES, M. D. Registrar

Per R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov-29 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 31 1926 to Nov 29 1926

that I last saw h[illegible] alive on Nov-28 1926

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Diabetic Gangrene

duration yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Annapolis Md

Did an operation precede death? Yes Date of Sept 9th

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J B Hughes M. D.

Nov 29 1926 (Address) 1413 Duke Hall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Annapolis Md — DATE OF BURIAL: Dec 1 1926

20 UNDERTAKER: Jas. L. Taylor & Son — ADDRESS: Annapolis Md

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66

1-PLACE OF DEATH E 16324

REGISTERED NO. E 16324

City of BALTIMORE: (No. 1214 Towson St. St., 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Mohlenbrock,

(a) RESIDENCE NO. 1150 Cooksie St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Do not know.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year): Do not know.

8 AGE — Years: 45 — Months: ---------- — Days: ---------- IF LESS than 1 day.....hrs. or.....min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

10 BIRTHPLACE (city or town)

(State or country): Germany.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Do not know.

14 Informant: Police Report. S.D.

(Address)

15 Filed 11 29 1926 19 Registrar

By RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 26, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Leinhardt M. D.

(Coroner)

11/29 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Matthai Gottesacker — Date of Burial: Nov 30 1926

20 UNDERTAKER: George A Weber — ADDRESS: 2205 Bank st.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 16325

16325

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Vincent's Infant's Asylum ST. ..... WARD .....

2-FULL NAME Margaret Tracey

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ..... mos. 11 ds. How long in U. S., if of foreign birth? yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1926-5-29

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	27 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Smithsburg
(State or country) Md.

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

PARENTS

4 Informant .....
(Address) .....

5 1926 Per ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/26 19

17 I HEREBY CERTIFY, That I attended deceased from 9/15/26, 19 ..., to 11/26/26, 19 ...,
that I last saw her alive on 11/26/26, 19 ...,
and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus
~~Convulsion~~
(duration) Life time yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsion
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Marasmus

(Signed) Walter C Bacon, M. D.

11/27 1926 (Address) 100 E 20th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL NOV 28 1926

20 UNDERTAKER .....

ADDRESS .....

Commissioner Health.

Spec.—12-9-25—A Co.—200 Bks.

E 16326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16326

129

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 803 N. Broadway St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C. Waldman

(a) RESIDENCE NO. 803 N. Broadway St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of: (or) WIFE of Ann M. Waldman

7 DATE OF BIRTH (month, day, and year) Mch. 25, 1852,

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	8	2	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter & Decorater

(b) General nature of industry, business, or establishment in which employed (or employer) 53

(c) Name of employer

10 BIRTHPLACE (city or town) Balto.

(State or country) Md.

10 NAME OF FATHER Wm. Waldman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Mason

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maine

14 Informant Miss Alice Waldman

(Address) 803 N. Broadway

15 1926 C. HAMPSON JONES, M. D.

ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 27, 1926. 18

17 I HEREBY CERTIFY, That I attended deceased from October 25 1926 to November 27 1926

that I last saw him alive on November 27, 1926

and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted? Auburn

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Albert Adelberg, M. D.

11/29 1926 (Address) 2021 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. Date of Burial Nov. 30 1926

20 UNDERTAKER Wm. L. Black ADDRESS 927 N. Broadway

--1-)2-23—M&T—500 Bks.

16327. HEALTH DEPARTMENT—CITY OF BALTIMORE E 16327.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 526 E. North Avenue ST., 9-4 WARD)

2-FULL NAME Anna Clagett Jenkins

(a) RESIDENCE NO. 526 E. North Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 80 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Widow

f married, widowed, or divorced
HUSBAND of
(or) WIFE of William Kennedy Jenkins

ATE OF BIRTH (month, day, and year) May 31, 1846

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	28	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER William Clagett

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know

Informant Frank C. Jenkins
(Address) 526 E. North Avenue

Filed 9 1926 C. HAMPSON JONES, M. D.
Per ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1923, to Nov 28, 1926,
that I last saw h alive on Nov 28, 1926
and that death occurred, on the date stated above, at 6P. m.
The CAUSE OF DEATH* was as follows: Chronic Bronchitis, Chronic Fibrositis, Emphysema Diabetes Mellitus & Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of Lungs
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) H. Bowman, M. D.
Nov 29 1926 (Address) 1228 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	12/1 1926
20 UNDERTAKER Henry U. Mears & Son	ADDRESS 405 N. Calvert

c.—1-12 23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16328 E 16328

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital. + 90

REGISTERED NO.

ITY OF BALTIMORE: (No. Caroline & Oliver. ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ada. B. Gross.

(a) RESIDENCE NO. Essex. Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

If married, widowed, or divorced ~~HOW LONG~~ of ~~Wife~~ of Christian Gross.

DATE OF BIRTH (month, day, and year) October 18 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Christian Gross

(Address) Essex Md.

1926 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1926, to Nov. 28, 1926, that I last saw ~~him~~ her alive on Nov. 25, 1926, and that death occurred, on the date stated above, at 4:00a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia.

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of ——

Was there an autopsy? no.

What test confirmed diagnosis? clinical.

(Signed) Frank R. Di Paula M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Nov. 30 1926

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS 1710 Fleet St.

c.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16329 — 88 — E 16329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph's Hospital

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Caroline & Oliver 96-2 ST. ... WARD)

2-FULL NAME Nicholas F. Raster

(a) RESIDENCE NO. 100 S. Highland. ST., 22 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 6th. 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	11	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. (Grocery) of a

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Nicholas. Raster. Sr.

BIRTHPLACE (city or town) ...
(State or country) Hungary-

10 NAME OF FATHER Nicholas Raster Sr.

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Hungary.

12 MAIDEN NAME OF MOTHER Elizabeth Yaeger

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Hungary

Informant Nicholas Raster Jr.
(Address) 1025 Highland Ave

Filed ... 1926 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov- 14 , 1926 , to Nov. 27 , 1926 , that I last saw him alive on Nov. 27 , 1926 , and that death occurred, on the date stated above, at 2:20 p. m.

The CAUSE OF DEATH* was as follows:

Septicemia -
(no. culture obtainable.)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Endocarditis.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of no

Was there an autopsy? none

What test confirmed diagnosis? clinical.

(Signed) ..... M. D.

. 19 (Address) St. Joseph. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Nov. 30 1926
20 UNDERTAKER	ADDRESS
Lilly + Zeiler	1033 S. Wolfe St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

111-001

E 16330

CERTIFICATE OF DEATH

E 16330

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3 N. Ellwood Ave St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Rose

(a) RESIDENCE NO. 3 N. Ellwood Ave St. 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Frederick Rose

6 DATE OF BIRTH (month, day, and year) July 17th 1860

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	66	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Hohl

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Maier

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant William A. Rose (Son)

(Address) 3 N Ellwood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Nov. 27

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Nov. 27, 1926, that I last saw h[illegible] alive on Nov. 27, 1926, and that death occurred, on the date stated above, at 8.20 p. m.

The CAUSE OF DEATH* was as follows:

Cortris. Sclerosis.

Gestric Ulcer.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

. 19 (Address) 2940 Eutaw [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Carmel Cemetery	Nov 30 1926
20 UNDERTAKER Lilly & Zuiler	ADDRESS 1038 W. Lafayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 16331

1-PLACE OF DEATH

REGISTERED NO. E 16331

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 2230 Druid Hill Ave. St.) (14-1 Ward)

2-FULL NAME Amelia Winder

(a) RESIDENCE NO. 2230 Druid Hill Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George W. Winder

6 DATE OF BIRTH (month, day, and year) June 20, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown.

14 Informant Mrs. Catherine Winder

(Address) 2230 Druid Hill Ave

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

30 1926 For H.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Nov 27

17

I HEREBY CERTIFY, That I attended deceased from Oct 28, 1926, to Nov 27, 1926, that I last saw h.e.r alive on Nov 26, 1926, and that death occurred, on the date stated above, at 4.30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Williams Jones, M. D.

11/27 1926 (Address) 1924 Fenwick Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — Date of Burial 11/30/26

20 UNDERTAKER Mrs. R. A. Elliott — ADDRESS 1225 Eastern Av

Spec.—1-10 21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16332

CERTIFICATE OF DEATH.

24-001

E 16332

1-PLACE OF DEATH Baltimore City Hospitals. 10-2

REGISTERED NO.

CITY OF BALTIMORE: (No.) Baltimore, Md. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Gravenstein

(a) RESIDENCE NO. 1022 Homewood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bena Gravenstein

DATE OF BIRTH (month, day, and year) Oct 12-1882

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	44	1	17.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 045

(b) General nature of industry, business, or establishment in which employed (or employer) Huckster

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Baltimore City Hospitals

(Address) Baltimore, Md.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29- 1926

17 I HEREBY CERTIFY, That I attended deceased from 8-12- 1926, to 11-29- 1926,

that I last saw him alive on 11-28- 1926,

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia and Cerebral Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Cerebral Hemorrhage and acute and chronic alcoholism. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

11/29/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL Dec 1926

20 UNDERTAKER [illegible] Cook — ADDRESS 501 Elliott St

Spec.-7-17-26—A Co.—200 Bks.

Dr Ingrone 2439 N Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16333

31

REGISTERED E 16333

1-PLACE OF DEATH

City of BALTIMORE: (No 2422 East North Ave St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conrad F Rueker

(a) RESIDENCE NO 2422 E North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie Rueker

6 DATE OF BIRTH (month, day, and year): Aug 22, 1865

7 AGE: Years 61 Months 3 Days 7 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Greif & Co

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Erhardt Rueker

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant: Marion Shipboard

(Address) 2452 E North Ave

15 Filed ____, 19____ ____ Registrar

NOV 30 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1926, to Nov. 29, 1926, that I last saw him alive on Nov 28, 1926, and that death occurred, on the date stated above, at 3:30 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) unknown yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Signs

(Signed) J. H. Maynard M. D.

, 19 (Address) 2439 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — Date of Burial: Dec 2 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 503 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16334

CERTIFICATE OF DEATH.

129

E 16334

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Franklin

(a) RESIDENCE NO. 23 W. 2nd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE: Years 63; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Alabama

PARENTS

10 NAME OF FATHER Daniel Franklin

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Alabama

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Alabama

14 Informant: City Hospital Records

(Address)

15 Filed _____ 19____ HAMPSON JONES, M. D.

30 1926 K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 25 1926

17

I HEREBY CERTIFY, That I attended deceased from November 18, 1926, to November 25, 1926, that I last saw him alive on November 25, 1926, and that death occurred, on the date stated above, at 10 30 Am.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

Chronic Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general e laboratory

(Signed) R. Hooper Smith, M. D.

Nov 28 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Ct. Date of Burial: Nov. 30 1926

20 UNDERTAKER: J. L. Brown & Son ADDRESS: 1081 W. Monroe St

Spec.—12-9-25—A Co.—200 Bks.

E 16335

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 16335

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 518 N. Bethel St. 6-1 Ward)

2-FULL NAME Mary Bauer

(a) RESIDENCE NO. 518 N Bethel St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17 1880

7 AGE: Years 46 | Months 6 | Days 9 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town): unk

(State or country)

12 MAIDEN NAME OF MOTHER Lizzie Mathews

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant David Bauer

(Address) 518 N. Bethel St

15 Filed NOV 30 1926 19 R. H. Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-26 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-25, 1926, to 11-26, 1926, that I last saw h.. alive on 11-26, 1926 and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

1a Hemiplegia

Cerebral Apoplexy

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) unk

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? unk

(Signed) George L. Allen, M. D.

11-29, 1926 (Address) 5108 Belmont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — Date of Burial: Nov 30 1926

20 UNDERTAKER: Robert E. Williams — ADDRESS: 1515 McElderry St

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16336

CERTIFICATE OF DEATH.

24

E 16336

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 11-3 WARD)

2-FULL NAME Dolores Dorothy Walston

(a) RESIDENCE NO. 17 S. Calverton Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, and year) Oct 10/26

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	18	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Gerald Walston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Annie V. Tatum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md

Informant Gerald Walston

(Address) 14 S. Calverton Rd

Filed ..., 192 ... Registrar

0 1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29/26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Meningococcus) (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pneumonia-prob terminal) (duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Paten, M. D. (Coroner.)

Nov 29/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/30 1926

20 UNDERTAKER Robt Brookerson

ADDRESS Calhoun Hollins

Spec.—12-9-25—A Co.—200 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16337

CERTIFICATE OF DEATH.

135

E 16337

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hosp St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr James Bright

(a) RESIDENCE NO. University Club St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Oct 2. 1852

7 AGE: Years 74 Months 1 Days 27 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Professor of

(b) General nature of industry, business, or establishment in which employed (or employer): John Hopkins University

(c) Name of employer

9 BIRTHPLACE (city or town): Penna

(State or country)

PARENTS

10 NAME OF FATHER: Samuel Bright

11 BIRTHPLACE OF FATHER (city or town): Penna

(State or country)

12 MAIDEN NAME OF MOTHER: E. Margaret Wemer

13 BIRTHPLACE OF MOTHER (city or town): Penna

(State or country)

14 Informant: Mary E. Bright (Wife)

(Address) 820 N. York Rd. Phila. Pa.

0 1926, 19.....

C. HAMPSON JONES, M. D.

Per M. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 29 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1926, to Nov 29, 1926, that I last saw h/m alive on Nov 29, 1926 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows: myocardial failure

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Benign hypertrophy of Prostate

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of 11/24/26

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Mont Kempton, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Penna Date of Burial Nov. 30 1926

20 UNDERTAKER: John O'Mulchell ADDRESS 1211 W. Fayette St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16338

90

E 16338

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 758 Forrest St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos F. Hardy

(a) RESIDENCE NO. 1013 N. LaFayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 71; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: G R Goldsborough

(Address) 524 Belmont Ave

15 Filed 1926 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 3 yrs. mos. ds.

(Signed) Nov 30 1926 H. C. Rhoads M. D.

(Coroner)

, 19 (Address) 943 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial Nov 30 1926

20 UNDERTAKER: Hurd Easton — ADDRESS 916 Bond

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16339

CERTIFICATE OF DEATH.

118-002 E 16339

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2030 E. 31st St., St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Sommerwerck

(a) RESIDENCE NO. 2030 E 31st St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel F. Sommerwerck

6 DATE OF BIRTH (month, day, and year) March 6. 1853

7 AGE: Years 73 | Months 8 | Days 23 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER John C. Haupt.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Daniel F. Sommerwerck

(Address) 2030 E 31st St.

15 Filed Nov 30 1926 C. HAMPSON JONES, M. D. Registrar Per RAL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1926 to Nov. 29, 1926, that I last saw her alive on Nov. 29, 1926, and that death occurred, on the date stated above, at 11.35 a. m.

The CAUSE OF DEATH* was as follows:

Intracranial Obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) General Depression

(duration) yrs. + mos. 10 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) N. Klopowska, M. D.

, 19 (Address) 1340 Druid

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — Date of Burial: Dec. 2 1926

20 UNDERTAKER: Henry Sander & Sons Inc — ADDRESS: 1910 Fleet St.

Spec.—1-10-21—M&T—1500 Blks.

E 16340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16340
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Allendale ST. Road WARD)

2-FULL NAME Jesse P. Gore

(a) RESIDENCE No. 2905 Allendale road ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie May Gore

DATE OF BIRTH (month, day, and year) Nov. 18. 1873.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	53	—	10.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jesse P. Gore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Ott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Lillie May Gore
(Address) 2905 Allendale Road

15 Filed Nov 30 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept 26/18, 19 18, to Nov. 28*, 19 26, that I last saw him alive on Nov 28*, 19 26, and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedma
Embolic particles to medial Cerebral artery

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency. Hypertension Chr. Interstitial nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No. Laboratory findings

What test confirmed diagnosis? Hematological analysis

(Signed) Amelia W Zimmerman, M. D.

, 19 (Address) 405 W North ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec. 1926

UNDERTAKER Josiah Syfer

ADDRESS 1600 W. N.

Spec.—12-9-25—A Co.—200 Bks.

E 16341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162

E 16341

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2074 Woodbery Ave Ward 21-1)

2-FULL NAME Infant C. Ethel Mister

(a) RESIDENCE NO. 2074 Woodbery Ave Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 16 1926

7 AGE: Years | Months | Days: 13 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: c

(b) General nature of industry, business, or establishment in which employed (or employer): c

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Walton Mister

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Ethel J Bosley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Walton Mister

(Address) 2074 Woodbery Ave

15 Filed NOV 30 1926 Registrar R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 16th, 1926, to Nov 29th, 1926, that I last saw him alive on Nov 29th, 1926, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows: Congenital Atelectasis

(duration) .....yrs. .....mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. L. C. Fillmore, M. D.

11/29 1926 (Address) 3615 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden Date of Burial Nov 30 1926

20 UNDERTAKER Chenowith Son ADDRESS 3617 Chestnut Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16342

CERTIFICATE OF DEATH.

74E 16342

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 808 Harford Ave St. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sally Brown

(a) RESIDENCE NO. 808 Harford Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Brown

6 DATE OF BIRTH (month, day, and year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
51	—	—	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ina Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Amy Lyscomb

(Address) 808 Harford Ave

15 Filed NOV 30 1926 (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 1926 to Nov 27th 1926

that I last saw h[illegible] alive on Nov 27th 1926

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harry E Brown, M. D.

19 (Address) 1916 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlottesville Va

DATE OF BURIAL 11/30 1926

20 UNDERTAKER Edmund L Heusley

ADDRESS 578 N Bedale

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

57

E 16343

REGISTERED NO. E 16343

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Fessier ST. 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. F. Ewings

(a) RESIDENCE NO. 705 Fessier ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 16 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	10	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice Cream maker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Richard Ewings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Thomas Ewing (Address) 705 Fessier St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1926, to Nov. 26, 1926, that I last saw him alive on Nov. 26, 1926 and that death occurred, on the date stated above, at 11.05 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Frank E. Wagner M. D.

11.30. 1926 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 11/30 1926

20 UNDERTAKER Edmund L. Kinsley Jr. ADDRESS 705 Fessier St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16344

CERTIFICATE OF DEATH.

15-13129

E 16344

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Montague.

(a) RESIDENCE NO. 705 Gold ST. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of James Montague.

DATE OF BIRTH (month, day, and year) 12-10-91

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	34	11	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Wm. Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth James

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant James Montague (Address) 705 Gold St

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-25, 1926, to 11-27, 1926.

that I last saw her alive on 11-27, 1926

and that death occurred, on the date stated above, at 5 00 A m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical autopsy

(Signed) Thella MD M. D.

11-29 1926 (Address) 172 N Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion	Nov 30 1926
20 UNDERTAKER	ADDRESS
Fenwick Braerton	140 Mosher

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16345

CERTIFICATE OF DEATH.

31 E 16345

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 908 Fremont ave ST.; 16-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Scutchings

(Residence in Baltimore: No. 908 N. Fremont Ave Balto Md St.: 1 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, June 24, 1912 (Month) (Day) (Year)

7-AGE, 14 yrs. 5 mos. 4 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer): at home

9-BIRTHPLACE, (State or Country), Portsmouth Va

PARENTS.

10-NAME OF FATHER, Emmett Scutchings

11-BIRTHPLACE OF FATHER (State or Country). Va

12-MAIDEN NAME OF MOTHER Pauline Shuttee

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Pauline Shuttee

(Address) 908 N. Fremont St

15- Filed NOV 30 1926, 191 HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 11-28-26, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-18 1926, to 11-28 1926, that I saw h-e alive on 11-28 1926, and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) yrs. 1 mon. ds.

(Signed) W R Bart M. D.

11-29, 1926 (Address) 1618 Calhoun

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Portsmouth Va — DATE OF BURIAL, Nov 30, 1926

20-UNDERTAKER James W. Cates — ADDRESS 1400 Madison

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16346

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

24-1

E 16346

REGISTERED NO.

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Claudia Brent.

(a) RESIDENCE NO. 809 Warren Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---yrs--- mos 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Bernard C. Brent.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE — Years: 58 — Months: -------- — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country): Virginia.

PARENTS

10 NAME OF FATHER: Richard Stoneham

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Henrietta Treakle.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Virginia.

14 Informant: Mrs. Mildred Treakle. (sister)

(Address): 809 Warren Ave.

15 Filed 30 1926, 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 28, 1926 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed about the chest, Internal injuries. Occidental fall from a window to pavement.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

11/30 1926 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

809 Warren Ave. Nov. 28, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Monaskon Mem. Park — Date of Burial: Nov 30 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16347

CERTIFICATE OF DEATH.

129 E 16347

10-1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 Overhill Rd ST. Roland Park WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Cora Swindell Hagerty

(a) RESIDENCE No. 16 Overhill Road ST. Roland Park WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

If ~~married~~, widowed, or ~~divorced~~

~~HUSBAND~~ (or) WIFE of Late James Robert Hagerty

DATE OF BIRTH (month, day, and year) May 18th 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	70	6	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER Mr Swindell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Henerette Hullard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Miss Emily Hagerty

(Address) 16 Overhill Rd Roland Park

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

30 1546

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 27th, 1926, to Nov 29th, 1926, that I last saw her alive on Nov 28th, 1926, and that death occurred, on the date stated above, at 3.15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Brights)

(duration) 4 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Heart (Mitral insufficiency)

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary test

(Signed) D A Waldron, M. D.

19 (Address) 210 East Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Road — DATE OF BURIAL: Dec 1926

20 UNDERTAKER: Henry H Jenkins Sons Co. — ADDRESS: Orleans & Collington

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16348

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16348

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 8 E. Randall St. 23-2 10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George T. Eder

(a) Residence No. 8 E. Randall St., Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) Oct. 26 1925

8-AGE, 1 yrs. 1 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Balto, Md.

10-NAME OF FATHER, Charles B. Eder

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto, Md.

12-MAIDEN NAME OF MOTHER, Mary Gallagher

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto, Md.

14-(Informant) Chas. B. Eder

(Address) 8 E. Randall St.

15-Filed (Signature) C. HAMPSON JONES, M. Registrar.

NOV 30 1926 Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 29-26

17-I HEREBY CERTIFY, That I attended deceased from Nov 29, 1926 to Nov 29, 1926

that I last saw h~~e~~ alive on Nov 29, 1926

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diphtheria Bacillus

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Test

(Signed) C. Mitchell M. D.

11/30, 1926 (Address) 1299 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL, Nov. 30, 1926

20-UNDERTAKER Margt. A. Flynn ADDRESS 1422 Light St.

Spec.—1-10-21—M&T—1500 Bks.

E 16349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16349

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Ashland Ave ST., 10 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Silberzahn

(a) RESIDENCE NO. 1205 Ashland ave ST., 10 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 25 ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Henry Silberzahn

6 DATE OF BIRTH (month, day, and year) Jan. 4 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Laurence Seddenmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Miss Elizabeth M. Silberzahn
(Address) 1205 Ashland Ave

15 Filed NOV 30 1926 19 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1926. to Nov 29 1926.
that I last saw h alive on Nov 29 1926;
and that death occurred, on the date stated above, at 10.45 P. m.
The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis and Chr Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No. Date of .....
Was there an autopsy? .....
What test confirmed diagnosis? .....

(Signed) John G. Schenuit, M. D.
30/11/26 1926 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec 3 1926
20 UNDERTAKER	**ADDRESS**
Henry Hirsch Son	1301 E. Eager St.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16350

CERTIFICATE OF DEATH

90 ✓

E 16350

REGISTERED NO.

1-PLACE OF DEATH 625 N. Calvert St. 11-3

City of BALTIMORE: (No.) St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Nelson

(a) RESIDENCE NO. 625 N. Calvert St. (Usual place of abode)

St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married~~, Widowed, or ~~Divorced, (write the word)~~
Male	White	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary Nelson

6 DATE OF BIRTH (month, day, and year) Jan 23, 1848

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	78	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer - (City) 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York (?)

(State or country)

PARENTS

10 NAME OF FATHER Thomas Nelson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) New York

12 MAIDEN NAME OF MOTHER ~~Elizabeth~~

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York

14 Informant Mrs. B. Willard

(Address) 625 N. Calvert St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

30 1926 Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1926, to Nov. 29, 1926, that I last saw him alive on Nov. 29, 1926, and that death occurred, on the date stated above, at 12 20 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

—

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thomas B. Turner, M. D.

19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Troy New York

Date of Burial Dec 1 / 1926

20 UNDERTAKER New York

ADDRESS 502 E. Lexington

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16351

CERTIFICATE OF DEATH.

129 E 16351

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1623 E. 32nd St. 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Jester

(a) RESIDENCE NO. 1623 32nd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~ Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Emma J. Jester

6 DATE OF BIRTH (month, day, and year): Oct 23-1858

7 AGE: Years 68 | Months 1 | Days 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town): Virginia

(State or country)

PARENTS

10 NAME OF FATHER: John Jester

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Not Known

14 Informant: William A Robbins

(Address): 1623 32nd St.

15 Filed ..... 19.....

C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

November 30-1926.

17

I HEREBY CERTIFY, That I attended deceased from May, 1926, to November, 1926, that I last saw h.. alive on November 29, 1926, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

arteria - Sclerosis.

arteria - Hypertension

cerebri Hemorrhage

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure, urine, etc.

(Signed) Louis F. Grumman, M. D.

, 19 (Address) 722 N. Kenwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Private-Cem James City — Date of Burial Nov 30 19 26

20 UNDERTAKER: William T. Hartley — ADDRESS 815 N. Washington

Spec.—12-9-25—A Co.—200 Bks.

E 16352

HEALTH DEPARTMENT—CITY OF BALTIMORE

129 E 16352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 718 Hollen Road St. 21-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bennetta Hartlove

(a) RESIDENCE NO. 718 Hollen Road Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5yr mos. ds. How long in U. S., if of foreign birth? 5yr mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Hartlove

6 DATE OF BIRTH (month, day, and year): February 18 1844

7 AGE: Years 82 | Months 9 | Days 9 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Benjamin Risley

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Matilda Wilson

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Laura L. Sloan

(Address) 718 Hollen Road.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 27 - 1926

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1926, to Nov. 27, 1926, that I last saw h alive on Nov. 27, 1926, and that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 7 Primary mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Jones, M. D.

(Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt Comfort Cemetery — Date of Burial: Dec 1926

20 UNDERTAKER: Wm C. Miller & Son — ADDRESS: 2334 Jefferson

Spec.—12-9-25—A C.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16353

CERTIFICATE OF DEATH.

31 ✓

E 16353
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (C.B.) St. 1 1 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ben Helms

(a) RESIDENCE NO. 702 Druid Hill ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
✓	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Race tout 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Kentucky

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 0 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 26, 1926

17

I HEREBY CERTIFY, That I attended deceased from November 22 19 26, to Nov. 26, 19 26,

that I last saw him alive on Nov. 26, 19 26,

and that death occurred, on the date stated above, at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis with
Spontaneous Pneumothorax
Tuberculous cervical adenitis.

2 (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. R. Gattens, M. D.

11-27-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — Date of Burial: 11/30 1926

20 UNDERTAKER: JJ Fahey Sons — ADDRESS: 1318 Light St

Spec.—1-10-21—M&T—1500 Bks.

E 16354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-11 90 E 16354

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5705 Sefton Ave., Hamilton ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Bertram

(a) RESIDENCE NO. 5705 Sefton Ave., Hamilton ST., 27 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosina Bertram

6 DATE OF BIRTH (month, day, and year) January 31, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 5 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown, Germany

PARENTS

10 NAME OF FATHER: George Bertram

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. L. Hoerr.
(Address) 5705 Sefton Ave., Hamilton

15 Filed 19 Per Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28th, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1926, to Nov 28, 1926, that I last saw him alive on Nov 28, 1926 and that death occurred, on the date stated above, at 1:35 P. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Organic heart

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not to my knowledge

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geary & Geary, M. D.

Nov 28 1926 (Address) 27 N. Hartford Rd Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery.	Dec. 1, 19 26.
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son.	Fullerton, Md.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74001

E 16355
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 16355
REGISTERED NO.

City of BALTIMORE: (No. 1022 W. Fayette St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Zimmerman

(a) RESIDENCE NO. 1022 W. Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 15, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Junk Dealer
(b) General nature of indnstry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER William H. Zimmerman

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Harriet Frasher

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto

14 Informant Annie L. Lowman
(Address) 1022 W. Fayette St.

15 Filed Nov 30 1926 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by Inquest
Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy - at once

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Thos. B. Fenton, M. D.
(Coroner)

Nov 29 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal or Homicidal. (See reverse for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — Date of Burial Dec 1 1926

20 UNDERTAKER George A. Smith — ADDRESS 153 E. Pratt

Sec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16356

CERTIFICATE OF DEATH.

31 E 16356

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Washington Boulevard ST., 25-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmond Wilbur Woolfenden

(a) RESIDENCE No. 2225 Washington Blvd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Loretta M.Woolfenden

DATE OF BIRTH (month, day, and year) Nov.19,1891

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	35	--	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wilson & Martin Co.,

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

10 NAME OF FATHER James Woolfenden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County, Md.

12 MAIDEN NAME OF MOTHER Ella Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County, Md.

Informant Mrs. Loretta M.Woolfenden

(Address) 2225 Washington Boulevard

Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28, 1926

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1925, to Nov 28, 1926,

that I last saw him alive on Nov 24, 1926

and that death occurred, on the date stated above, at 2.15 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H Lawrence Mackey M. D.

Nov 29, 1926 (Address) Hollins Ferry Rd. & Lakewood Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec.1 1926

20 UNDERTAKER Hoffold Cook ADDRESS 1003 Park Ave

ec.—1-12-23—M&T—500 Blks.

E 16357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16357

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Road near Forest Ave St., 26-4 WARD)

2-FULL NAME Martha E. Stencel

(a) RESIDENCE NO. Franklin Road near Forest Ave. St., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of,
(or) WIFE of Joseph F. Stencel

DATE OF BIRTH (month, day, and year) Unknown 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs. Annie Heckner

(Address) Franklintown, Md.

Filed ..... 1926 ..... 19 C. HAMPSON JONES, M. D. RKM Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27th 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 27 .1926. to Nov 27 .1926.

that I last saw him alive on Nov 27th .1926.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A-C Smith, M. D.

Nov 28 1926 (Address) 4509 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec 1st 1926
20 UNDERTAKER Harold Cook	ADDRESS 1003 N. Dall... St.

Spec.—1-10-21—M&T—1500 Bks.

16358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11 E 16358

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST. 18-3 WARD)

2-FULL NAME James Goonan

(a) RESIDENCE No. 1410 N. Pratt St City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 Single, Married, Widowed, or Divorced, (write the word): SINGLE

6a If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 17, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	21	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Baltimore & Ohio R.R.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland.

PARENTS

10 NAME OF FATHER: Timothy Goonan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland.

12 MAIDEN NAME OF MOTHER: Lilly Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland.

14 Informant (Address): Mr. Goonan 1410 N. Pratt St.

15 Filed 0-1926, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30 1926

17 I HEREBY CERTIFY, That I attended deceased from 9-25, 1926, to 11-30, 1926.

that I last saw him alive on 11-30, 1926

and that death occurred, on the date stated above, at 6 25 a m.

The CAUSE OF DEATH* was as follows:

~~Acute Appendicitis~~

Infected Thrombi - (Splenic)

Septicaemia

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary): General peritonitis following Acute appendicitis (with rupture)

(duration) yrs. 3/4 mos. (3 weeks) ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes, Date of Sept 25, 1926

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C J Knapp, M. D.

Nov 30 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Dec. 4 1926

20 UNDERTAKER: Joseph H Cook

ADDRESS: 1003 N. Bal... St

G. HAMPSON JONES, M. D.

ec.—1-12-23—M&T—500 Bks.

E 16359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16359

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cooks Lane ST. ..... WARD)

2-FULL NAME Elizabeth B. Loucks,

(a) RESIDENCE No. Cooks Lane ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of late Charles Loucks

DATE OF BIRTH (month, day, and year) 1850

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or....min.
	76			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Rev. Edmund H. Gibson
(Address) Old Orchard Rd. Ten Hills

Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1926, to Nov. 29, 1926, that I last saw h.....er alive on Nov. 28, 1926, and that death occurred, on the date stated above, at 12.30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Pearson M. D.

11. 30. 26. (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schenectady, N. Y.	Dec. 1st 26

20 UNDERTAKER Joseph D Cook ADDRESS 1003 N. Calvert St

Dec.—1-12-26—10&T—500 Bks.

E 7646 E 16360

HEALTH DEPARTMENT—CITY OF BALTIMORE E 16360

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

2-FULL NAME Lena Mary Holmes

(a) RESIDENCE NO. Exton, Ky, Box 11 ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Col.	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James Holmes

DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	40			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. Nr. 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Alabama

10 NAME OF FATHER Turner Curley

11 BIRTHPLACE OF FATHER (city or town) (State or country) ala.

12 MAIDEN NAME OF MOTHER Hattie Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala.

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 19 26 to Nov. 30, 19 26, that I last saw h e alive on Nov. 30, 19 26, and that death occurred, on the date stated above, at 10 25 p. m.

The CAUSE OF DEATH* was as follows: ulcerated Carcinoma Breast, c metastases

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Infected wound.

(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 11/26/26

Was there an autopsy? yes

What test confirmed diagnosis? Microscopical Exam Tissue.

(Signed) J D Hart, M. D.

, 19 (Address) J H Hosp. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Talmsville ala — DATE OF BURIAL 11/30/26

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

Spec.—12-9-25—A Co.—200 Blks.

RICKS

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-002

E 16361

CERTIFICATE OF DEATH.

E 16361

REGISTERED NO._____

1-PLACE OF DEATH Mercy Hosp

City of BALTIMORE: (No._____ St. 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Ricks

(a) RESIDENCE NO. 916 W 37th St. St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie F. Ricks

6 DATE OF BIRTH (month, day, and year) Sept 4 1872.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto - Md.

(State or country)

PARENTS

10 NAME OF FATHER John W. Ricks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Clara Shipley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Wife - Lottie F. Ricks

(Address) 916 W. 37th St

15 Filed 1926 C. HAMPSON JONES, M. D.

Per Cats Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

11-28-26

17

I HEREBY CERTIFY, That I attended deceased from 11-23, 1926, to 11-28, 19 26,

that I last saw h in alive on 11-28, 19 26,

and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows: -

Entist Toxemia

(duration) yrs. mos. ds.

CONTRIBUTORY Entist Obstruction

(Secondary)

5 days (duration) yrs. mos. ds.

Is Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 11-24-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Parsons, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Mary's Hampden	Dec. 1 19 26
20 UNDERTAKER	**ADDRESS**
Horace A. Burgee	363 Falls Rd.

pec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16362

CERTIFICATE OF DEATH.

E 16362

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2401 E. Fairmount Avenue ST. 6-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanislaus . Kasprowicz

(a) RESIDENCE NO. 2401 E. Fairmount Avenue ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 30 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	-	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER William . Kasprowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine . Kuczynska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant Mrs. Anna. Rynkiewicz

(Address) 2401 E. Fairmount Avenue

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Nov 26, 1926, that I last saw him alive on " 25, 1926 and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia
Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Kasprowicz, M. D.

Nov 30 26 (Address) 801 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	Dec. 1 1926

20 UNDERTAKER John F. Weber ADDRESS 1803 Bank St

re.—1-12-23—M&T—500 Bks.

16363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16363

REGISTERED NO.

1-PLACE OF DEATH Bon Secours Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 8-3 ST., WARD)

2-FULL NAME Henry C. Lewald

(a) RESIDENCE NO. 1619 Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Lewald

DATE OF BIRTH (month, day, and year) April 12 1855

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	7	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stove Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Kettles

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Henry Lewald

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Margaret Washmeyer

(Address) 1619 E. Federal St.

Filed 1926, 19 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1926, to Nov. 30, 1926, that I last saw him alive on Nov. 30, 1926, and that death occurred, on the date stated above, at 11.45 Am.

The CAUSE OF DEATH* was as follows:

Myocarditis - Chronic (?)
Prostatic Hypertrophy C
urinary retention
Arteriosclerosis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Incision + drainage of inguinal abscess Date of Nov. 4, 26

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lilpop, M. D.

, 19 (Address) Bon Secours Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec. 3 1926
20 UNDERTAKER	ADDRESS
Mr. Mrs John H. Seufel Son	801 W. Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16364

CERTIFICATE OF DEATH.

E 16364

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Maryland General Hosp. ST., (or) WARD

2-FULL NAME Baby Leibert

(a) RESIDENCE NO. 1733 N. Smallwood St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 27-1926

7 AGE — Years: — Months: — Days: 2 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Leibert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Boswell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. William Leibert

(Address) 1733 N. Smallwood St

15 Filed ....., 19..... Registrar .....

C. HAMPSON JONES, M.D.

C 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-27, 1926, to 11-29, 1926, that I last saw him alive on 11-29-26, 19..., and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Intestinal Atresia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) ..... yrs. ..... mos. 1½ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 11-29-26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman, M. D.

, 19 (Address) Md. Gen'l Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: Dec 1 1926

20 UNDERTAKER: Mr & Mrs. John H. Tuffel & Son — ADDRESS: 801 N. Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 16365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16365

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hospital

CITY OF BALTIMORE: (NO. Raynor and Dukeland ST. 14-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Provost

(a) RESIDENCE NO. 1541 Pennsylvania Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lock Smith

(b) General nature of Industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Francis A Provost

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Va

12 MAIDEN NAME OF MOTHER: Constance LaBrun

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Indies

14 Informant: Alfred J Provost
(Address) 507 N Bond Street

15 Filed 12-1 1926 19 Per ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/27 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/24 1926 to 11/27 1926

that I last saw him alive on 11/27 1926

and that death occurred, on the date stated above, at 5:05 P. m.

The CAUSE OF DEATH* was as follows:

Subacute Catarrial Endocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac Substation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Benjamin Miller M. D.

19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: Dec 1 1926

20 UNDERTAKER: Samuel Byers

ADDRESS: 1324 Eutaw Place

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16366

CERTIFICATE OF DEATH.

38

REGISTERED No. E 16366

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 Eager Place ST. 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Foiting

(a) RESIDENCE No. 2402 Eager Place ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael J. Foiting

6 DATE OF BIRTH (month, day, and year): Feb. 16, 1885

7 AGE: Years 41 | Months 9 | Days 14 | If LESS than 1 day, ... hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (own) Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John J. Knoll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Katherina Kaptain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U. S.

14 Informant: Frank Knoll (Address) 2402 E. Eager St.

15 Filed 1926 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 30 1926

17

I HEREBY CERTIFY, That I attended deceased from June, 1926, to Nov. 30, 1926, that I last saw her alive on Nov. 29, 1926, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-Uremic Coma

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary): Asthma & Brain

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) E. S. Hurst M. D.

11-30 1926 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem — DATE OF BURIAL: Dec 3 1926

20 UNDERTAKER: Jas. J. Kerr — ADDRESS: 156 N. Suzane

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-002

E 16367
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. E 16367

City of BALTIMORE: (No. 107 N. Wolfe St. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Stern

(a) RESIDENCE NO. 107 N. Wolfe St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Stern

6 DATE OF BIRTH (month, day, and year): Nov. 18/1848

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
78		11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: ab. Home
(b) General nature of industry, business, or establishment in which employed (or employer): 520
(c) Name of employer

9 BIRTHPLACE (city or town) ..... (State or country): Germany

PARENTS

10 NAME OF FATHER: Cornelius Suerling

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country): Ger.

14 Informant: Sena Stern
(Address) 107 N. Wolfe

15 Filed ....., 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16 1926, to Nov 29 1926, that I last saw h.. alive on Nov. 29 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Herman J Sterns, M. D.
Dec 2 1926 (Address) 1980 Eastern Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Dec 3 1926

20 UNDERTAKER: Jos. J. Aber — ADDRESS: 1565 S. Luzerne

Dec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16368 (10) E 16368

1-PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. Sydenham Hospital ST. Boyd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Frommelt

(a) RESIDENCE NO. 2546 Boyd St ST., 20th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 2 ds. How long in U. S., if of foreign birth? —— yrs. —— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ——

DATE OF BIRTH (month, day, and year) Jan 28, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frany Frommelt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Vachter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frany E Frommelt

(Address) 2546 Boyd St

15 Filed 1-1926, 19 KK Registrar

HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 19 26, to Nov. 30, 19 26,

that I last saw her alive on Nov 30, 19 26,

and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Nasal Diphtheria

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Clinical. Positive Culture

(Signed) Myron G. Tull, M. D.

12/1, 19 26 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Dec 1926
20 UNDERTAKER	ADDRESS
F. A. Neufeld	1553 N Rose St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66

E 16369

CERTIFICATE OF DEATH.

E 16369

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 605 Edwood St. 11 Ward)

2-FULL NAME Paul Dwyer

(a) RESIDENCE NO. 605 Edwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brick Layer
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md

PARENTS

10 NAME OF FATHER Daniel Dwyer
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary McGill
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Harry R Spurrier
(Address) 2039 Woodbury Ave

15 Filed OCT 1 1926 19 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

(Signed) M. D.
(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 600 Edwood Street

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial 12/2 1926

20 UNDERTAKER William Cook ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16370

CERTIFICATE OF DEATH.

10-7 129~

REGISTERED NO. E 16370

1-PLACE OF DEATH

City of BALTIMORE: (No. 1118 Proctor St St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Clifford

(a) RESIDENCE NO. 1118 Proctor St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Clifford

6 DATE OF BIRTH (month, day, and year) Aug 5/1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Loborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Wm Clifford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Herbert Clifford

(Address) 1118 Proctor St

15 Filed 12-1 1926 19 E. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29/26 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocardial Failure

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Nephritis (duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Patten M. D.

(Coroner)

12/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem Date of Burial 12/2 1926

20 UNDERTAKER George J. Ruth ADDRESS 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16371

904 E 16371

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 874 McKimm St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Georgiana Waters

(a) RESIDENCE NO. 874 McKimm St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 56; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Police Dept

(Address)

15 Filed....., 19..... Registrar

C. HAMPTON JONES, M. D.

12 - 1926 Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) undetermined

(duration) yrs. mos. ds.

(Signed) J. H. Porter, M. D.

(Coroner)

12/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery Date of Burial 12/1 1926

20 UNDERTAKER: George J. Ruth ADDRESS 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16372

CERTIFICATE OF DEATH.

05-4 174

E 16372

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frieda A. Robinson

(a) RESIDENCE NO. 105 Cedar St. Westport, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) May 10, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas L. Robinson.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Frieda Trimper.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Frieda Robinson, (mother)

(Address) 105 Cedar St. Westport.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Par .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 29, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive burns of face and body due due to explosion of inflamable liquid. Accidental Death.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Gemhardt (Coroner) M. D.

11/30 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? 105 Cedar St. Westport. Nov. 29, 1926

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Agustin Colrd Date of Burial Dec 2 1926

20 UNDERTAKER John Toriello ADDRESS 200 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 ~ E 16373

E 16373

REGISTERED NO. 4

1-PLACE OF DEATH

City of BALTIMORE: (No. 124 S. Carey St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Apsley

(a) RESIDENCE NO. 124 S. Carey St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ship Mate

PARENTS

10 NAME OF FATHER John Apsley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) [illegible]

12 MAIDEN NAME OF MOTHER Sarah Barron

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Thos W Bramble

(Address) 124 S. Carey St

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29/26

17

I HEREBY CERTIFY, That I attended deceased from 11/18/26, to 11/29/26,

that I last saw h.. alive on 11/29/26,

and that death occurred, on the date stated above, at 9.50 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Duct. Nephr.

Hypostatic pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY —

(Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted —

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Fenny, M. D.

11/30/1926 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

London Park Dec 2, 1926

20 UNDERTAKER — ADDRESS

John F. Fields 1700 W Lombard

Spec.—1-10-21—M&T—1500 Bks.

E 16374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 E 16374

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Earl Court apt. ST. 11-1 WARD)

2-FULL NAME William Blackford Davis

(a) RESIDENCE No. Earl Court apt. St. Paul & Preston Sts ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. — ds. — How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

6a If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Kentie Howland Davis

6 DATE OF BIRTH (month, day, and year) August 5, 1848

7 AGE: Years 78 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Col. U.S.A. (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer): Ofc

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Uniontown, Va

PARENTS

10 NAME OF FATHER: John Craig Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Charlottsville Va

12 MAIDEN NAME OF MOTHER: Lucy Landon Blackford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fredericksburg Va

14 Informant: John Craig Davis

(Address): 215 Woodbourne Road

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 30 1926

17 I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ 29, 1926, to November 30, 1926, that I last saw him alive on November 30, 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage (internal capsule)

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? 215 Woodbourne Road Balto

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Analysis (urine)

(Signed) Chas C. Judd, M. D.

, 19 (Address) 227 Woodbourne Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Nat. Cem. Fort Meyer Va

DATE OF BURIAL: Dec 2 19[illegible]

UNDERTAKER: John C. Spencer

ADDRESS: 1325 N. Carolina Ave

DEC 1 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16375

CERTIFICATE OF DEATH.

E 16375

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Evergreen Ave. (Hamilton) ST. 27-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa A. Krumpelmann

(a) RESIDENCE NO. 122 Evergreen Ave ST., WARD ..

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced (or) WIFE of Dr. Lab. William B. Krumpelmann

6 DATE OF BIRTH (month, day, and year) Oct. 4 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	73	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm. Topp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mr Frederick F Greiners

(Address) 1118 N Bond St

15 Filed DEC 1 - 1926 HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1926 to Nov 30 1926

that I last saw h alive on Nov 30th 1926

and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Jones, M. D.

(Address) 501 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec 4 1926
20 UNDERTAKER	ADDRESS
Henry Storck & Son	1501 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

E 16376

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 16376

REGISTERED NO.

City of BALTIMORE: (No. Balto City Hospital St. 25-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James McNamee

(a) RESIDENCE NO. 6 St Fairfield Anne Arundel Co St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30. 1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Scotland

PARENTS

10 NAME OF FATHER James McNamee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Elizabeth Kane

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland

14 Informant Mrs Elizabeth Mack

(Address) 421 E Williamson

15 Filed ....., 19 .....

Per .....

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/29 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia & Pericarditis

(duration) .....yrs. .....mos. 5 ds.

CONTRIBUTORY (Secondary) was Acquired by

Acute Dil (duration) .....yrs. 4 mos. ds. 26

(Signed) James M Hanlon M. D.

(Coroner)

11/30 1925 (Address) 702 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. 5 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Fairfield Md

Former or usual residence 6 St Fairfield

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park	Dec 2 1925

20 UNDERTAKER	ADDRESS
J. F. A. Williamson	703 Hanover

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 16377 — REGISTERED NO. E 16377

1 PLACE OF DEATH

City of BALTIMORE: (No. 786 W. Mulberry St. | 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie B. Scott

(a) RESIDENCE NO. 786 W. Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Married

3a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Aron Scott

6 DATE OF BIRTH (month, day, and year) Jan 1882

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
44	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Andrew Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Sallie Coates

(Address) 786 W. Mulberry

15 Filed ..., 19 WILLIAMSON JONES, M. D. Registrar

1-1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-27-1926

17

I HEREBY CERTIFY, That I attended deceased from 10-31-, 1926, to 11-27-, 1926

that I last saw her alive on 11-26-, 1926,

and that death occurred, on the date stated above, at 11.50 p m.

The CAUSE OF DEATH* was as follows: Terminal Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Endocarditis (duration) about yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. L. Jackson, M. D.

11-29-1926 (Address) 8 E. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. Date of Burial Dec 1 1926

20 UNDERTAKER Samuel J. Hemsley W. Biddle ADDRESS 5

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16378 90 E 16378

1-PLACE OF DEATH — REGISTERED NO. C

CITY OF BALTIMORE: (No. 1818 Laurens St.; 15-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Henry Grandison

(Residence in Baltimore: No. 1818 Laurens St.; 20 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, July 26, 1863 (Month) (Day) (Year)

7-AGE, 63 yrs. 4 mos. 11 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Charles H. Grandison

11-BIRTHPLACE OF FATHER (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER Anny Maria Freeman

13-BIRTHPLACE OF MOTHER (State or Country), Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Grandison (wife)

(Address) 1818 Laurens St.

15- Filed ....., 191.... Per ..... Registrar.

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, November 27, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 10 1926, to Nov 27 1926, that I saw h[illegible] alive on Nov 27 1926, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

(Duration) ..... yrs. ..... mos. 17 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Wm E Daughady M. D.

Nov 29, 1926 (Address) 1602 Pennsylvania Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem DATE OF BURIAL, Dec 1, 1926

20-UNDERTAKER Samuel T Hensley ADDRESS 578 N Bradle

Spec.—12-9-25—A Co.—200 Bks.

E 16379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 16379

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2747 Rayner Ave St. 16 Ward)

2-FULL NAME James Manning

(a) RESIDENCE NO. 2747 Rayner Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. mos. 8 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Wh	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 22/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ND

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER Jas. J. Manning

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Dorothy Jarman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Susquehanna Co Pa.

14 Informant Mrs Dorothy Manning

(Address) 2747 Rayner Ave

15 Filed _____ 19___ C. HAMPSON JONES, M. D. Registrar

Per _____

1926 0833

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30/26 19

17

I HEREBY CERTIFY, That I attended deceased from Nov 22, 1926, to Nov 30, 1926,

that I last saw h~~e~~ alive on Nov 29, 1926,

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity 7/4 Mo.

Tortus

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Toxaemia of Pregnancy

(duration) ___ yrs. ___ mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ed Smith, M. D.

11/30, 1926 (Address) 1606 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

Commissioner Health. NOV 30 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16380

CERTIFICATE OF DEATH.

188-003

REGISTERED NO. E 16380

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustav L. Rokos

(a) RESIDENCE NO. 2411 Ashland ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Rokos

6 DATE OF BIRTH (month, day, and year) April 24/1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery store

(c) Name of employer Hennelly

9 BIRTHPLACE (city or town)

(State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Rokos

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Josephine Stehlik

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemia

14 Informant Mamie Rokos

(Address) 2411 Ashland ave

15 Filed (G. HAMPSON JONES, M. D.) Registrar

By LH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base 2d Skull

automobile accident while riding — came & was thrown out when the automobile ran into a pole

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 2 yrs. mos. ds.

(Signed) James M Kemler M. D.

(Coroner)

11/29 1926 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Eastern ave near Bengies

Former or usual residence 2411 Ashland ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Date of Burial Dec 2 1926

20 UNDERTAKER Lewis Ecker Sons ADDRESS 1906 Eutaw Pl

Cor.—12-9-25—A Co.—200 Blks.

Mooney

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16381 — E 16381

CERTIFICATE OF DEATH.

181-002

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ. Hosp. St. 22-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas H. Mooney

(a) RESIDENCE NO. 202 E. Hayward St. _____ Ward _____

(Usual place of abode) Sign

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the word)~~
male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19 - 1922

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	4	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George W Mooney

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary C Butler

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore Md

14 Informant George W Mooney

(Address) 262 E Hayward ave

15 Filed _____ 19 _____ Registrar

R K

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident Other (Over)

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____ M. D.
(Coroner)

_____, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — Date of Burial: Dec 2 1926

20 UNDERTAKER: Robt J Turner Jr — ADDRESS: 1492 N. Broadway

C. HAMILTON JONES, M. D.
E 1340

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16382 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16382

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No 3208 Ellerslie ave St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Marie Wilkins

(a) Residence No. 3208 Ellerslie ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Bartine T. W.

6-DATE OF BIRTH (month, day and year) Jan 21 57

7-AGE. 69 yrs. 10 mos. 8 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Home work

(b) General nature of industry, business, or establishment in which employed (or employer)..... At Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Md.

PARENTS.

10-NAME OF FATHER, John Beck

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Trimble

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Pa.

14- (Informant) Annie M. Wilkins

(Address) 3208 Ellerslie ave

15- Filed ..... 19.....

C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 29 26

17- I HEREBY CERTIFY, That I attended deceased from Oct 7th 26 to Nov. 29th 26

that I last saw h.w. alive on Nov. 29th 26

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation,

Acute pulmonary Edema.

(Duration) yrs. mos. 22 ds

CONTRIBUTORY (Secondary) Rheumatic Chr.

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? H

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George E. Elliott M. D.

, 19 (Address) 28 W 25th St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Gulladal Cem	Dec 2, 1926

20-UNDERTAKER,	ADDRESS
W M Rintons	2238 N Mt Ave

Spec.—12-9-25—A Co.—200 Bks.

E 16383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16383

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1737 E. Lanvale St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME F. Wm Zurmehl

(a) RESIDENCE NO. 1737 E. Lanvale St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 1 mos. 24 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Laura S. V. Zurmehl

6 DATE OF BIRTH (month, day, and year): Oct 5/60

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Traffic Manager

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Balto Wholesale Corp.

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Jeremiah Zurmehl

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Laura S. V. Zurmehl

(Address) 1737 E. Lanvale St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29 th 1926

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1925, to Nov 29, 1926, that I last saw him alive on Nov 29, 1926, and that death occurred, on the date stated above, at 4 05 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 1 yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E Gill Hall, M. D.

Nov 30 1926 (Address) 1631 E North av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Londen Pk — Date of Burial 12/2 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16384 — REGISTERED NO. E 16384

1 PLACE OF DEATH

City of BALTIMORE: (No. Sydenham Hospital St. 10-2-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie T. Read

(a) RESIDENCE NO. 3027 W Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 26 - 1922

7 AGE — Years: 4 Months: 7 Days: 5 6

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: Harry E Read

11 BIRTHPLACE OF FATHER (City or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Bettie F Rogers

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Harry E Read

(Address) 3027 W Lanvale

15 Filed DEC 1 1926 C. HAMPSON JONES, M. D. Registrar

Per R K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec. 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 19 26, to Dec 1, 19 26, that I last saw her alive on Dec 1, 19 26, and that death occurred, on the date stated above, at 3.00 a m.

The CAUSE OF DEATH* was as follows:

Tonsillar, Pharyngeal & Laryngeal Diphtheria

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

12/1, 19 26 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial 12/2 19 26

20 UNDERTAKER: Wm Cook — ADDRESS 502 E Lan

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16385 — 1-PLACE OF DEATH

40 E 16385 — REGISTERED NO.

City of BALTIMORE: (No. ____ St., 76-7 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME William J. Hasson

(a) RESIDENCE NO. ____ St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ? —

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant City Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30 1926

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to November 30, 1926, that I last saw h.im. alive on November 30, 1926, and that death occurred, on the date stated above, at 3 45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Chronic Myocarditis

Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general & laboratory

(Signed) C. Hampson Lemmell, M. D.

Dec. 1, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Pikesville Cemetery — Date of Burial 12/1 1926

20 UNDERTAKER W. S. Cook — ADDRESS 502 E. 20th St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16386 ✓ E 16386

CERTIFICATE OF DEATH.

+ 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank R. Tubbs - Sr

(a) RESIDENCE NO. ~~Catonsville~~ Md Arbutus ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Tubbs

6 DATE OF BIRTH (month, day, and year) June 6-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	59	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Tubbs

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country) " "

12 MAIDEN NAME OF MOTHER Alice A Stewart

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country) " "

14 Informant Isabella Tubbs (Address) Relay Md

15 Filed DEC 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-13, 1926, to 11-30, 1926,

that I last saw him alive on 11-30, 1926,

and that death occurred, on the date stated above, at 4.20 P m.

The CAUSE OF DEATH* was as follows:

Uremia

Chronic nephritis

Cardiac insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute retention of urine

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Duration, Hours

Did an operation precede death? Yes Date of 11-14-26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Gregory Shuler M. D.

(Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem Co.

DATE OF BURIAL Dec 3 1926

20 UNDERTAKER J. J. Dickerson & Sons

ADDRESS Balto

Spec.—1-10-21 M&T 1500 Blks.

Mollie F Schleich

E 16387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 16387

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Jefferson ST., 7-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie F Schleich

(a) RESIDENCE NO. 2500 Jefferson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Isaac A. Schleich

6 DATE OF BIRTH (month, day, and year) Feby 17th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	62	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Mink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Kleinmitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Isaac A Schleich

(Address) 2500 Jefferson st

Filed EC 1 - 1926 HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11—30 1926

17 I HEREBY CERTIFY, That I attended deceased from 11—1, 1926 to 11—30 1926

that I last saw h alive on 11—29, 1926

and that death occurred, on the date stated above, at 5.20 p. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Rheumatic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) H Reg Runnette M. D.

(Address) 2600 Pitts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Dec 2d 1926

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument st

Spec.—1-10-21—M&T—1500 Blks.

E 16388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16388

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St., No. 117 WARD)

2-FULL NAME William James Young

(a) RESIDENCE NO. 3916 Fait Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. - 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
16	15	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer The Hancock Inv Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md.

12 MAIDEN NAME OF MOTHER Margaret Hines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md.

14 Informant Thomas Young.
(Address) 3916 Fait Ave.

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29 1926.

17

I HEREBY CERTIFY, That I attended deceased from 11-26 .1926. to 11-29 .1926

that I last saw living on 11-29 .1926.

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Appendix
with peritonitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-26-26

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Louis T. Young M. D.

11/29 1926 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Dec. 1 1926
20 UNDERTAKER	**ADDRESS**
Lilly and Faber	403 S. Wolfe St.

Spec.—1-10-21—M&T—1500 Bks.

E 16389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16389

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. I726 Aliceanna ST. 2-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME AUGUST SMOLINSKI,

(a) RESIDENCE NO. I726 Aliceanna ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. 0 mos. 0 ds. How long in U. S., If of foreign birth? 37 yrs. 0 mos. 0 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smolinski,

6 DATE OF BIRTH (month, day, and year) Nov. 1-1848.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day laborer, Gld

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER ******* Smolinski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant (Address) John Smolinski (Son) 1726 Aliceanna Street

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1926, to Nov. 30, 1926, that I last saw him alive on Nov. 29, 1926, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteri - Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kuper, M. D.

, 19 (Address) 762 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus.

DATE OF BURIAL Dec. 2. 1926

20 UNDERTAKER M. J. Sadowski.

ADDRESS 705 Lanvale St

Spec.—1-12-23—M&T—500 Bks.

(Wojtysiak)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16390

E 16390

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 1-2 ..... WARD)

2-FULL NAME Theodore Watysiak

(a) RESIDENCE NO. 220 N Fleet St Balto. ST., Md WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 4 - 1920.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	6	9	26	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. (State or country) Md.

PARENTS

10 NAME OF FATHER Adam Watysiak

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Ida Rosinska

13 BIRTHPLACE OF MOTHER (city or town) N. Y. (State or country) New York State

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

For ..... Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 - , 1926, to Nov - 30 , 1926, that I last saw him alive on Nov - 30 , 1926, and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Nephrosis, Acute Cardiac failure

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Thomas W. Comodd, M. D.

, 19 Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus. DATE OF BURIAL Dec. 3, 1926.

20 UNDERTAKER M. F. Sadowski. ADDRESS 905 S. Ann St

Spec.—1-10-21—M&T—1500 Bks.

E 16391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16391

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST., 6-1 WARD) 161-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Page

(a) RESIDENCE NO. 1610 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 24 - 26

7 AGE Years Months Days If LESS than 1 day, 1 hrs. or 35 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Child~~ 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Andrew Page

11 BIRTHPLACE OF FATHER (city or town) S. C.
(State or country)

12 MAIDEN NAME OF MOTHER Josie Johnson

13 BIRTHPLACE OF MOTHER (city or town) S. C.
(State or country)

14 Informant J. K. Boerner M.D.
(Address) Johns Hopkins Hospital.

15 Filed - 1926 G. HAMPSON JONES, M. D. Registrar
Per Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1926, to Nov. 24, 1926, that I last saw him alive on Nov. 24, 1926, and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia of mother (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. K. Boerner, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Cor.—1-12-28—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16392

CERTIFICATE OF DEATH.

E 16392

REGISTERED NO. 182

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Bond ST., 3-4 WARD)

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word):

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 58 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

PARENTS

14 Informant
(Address)

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Jones M Hampson, M. D.
(Coroner.)

Nov 01. 1926 (Address) Fort Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY

DATE OF BURIAL 192

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D.
Commissioner Health.

DEC 1 - 1926

Per Wm. F. WOODALL

Per

THE MORGUE

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16393

CERTIFICATE OF DEATH.

1826 E 16393

1-PLACE OF DEATH Found floating in the harbor at 2

City of BALTIMORE: (No. Foot of Hughes St. St., 22 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Unknown.(C)

(a) RESIDENCE NO. Do not know. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	About 35	----------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Do not know.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed ..... 19 ..... Per ..... Registrar

C. HAMPSON JONES, M. D.

DEC 1 1926

0836

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found floating November 22, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
probable accidental,

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Kemhardt M. D.
(Coroner)

11/30 1926 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER ADDRESS

Commissioner Health. DEC 1 - 1926

For Wm. R. WOODALL

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16394 — 757 — E 16394

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Pulliam

(a) RESIDENCE NO. Marshall Hall Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. unknown mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: ~~***~~ white

5 Single, Married, Widowed, or Divorced, (write the word): Prob Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): Maryland

PARENTS

10 NAME OF FATHER: J. H. Pulliam

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Prob Md

12 MAIDEN NAME OF MOTHER: Mary Hudson

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Prob Md.

14 Informant: Hopkins Hospital

(Address)

15 Filed _____ 19__ C. H. THOMPSON JONES, M. D. Registrar

1926 PRW

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29/26 192_

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetic Acidisis & Coma

(Autopsy at Hopkins-Slight arterio-scle rosis-anaemia)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. 7 ds.

(Signed) J. J. Pullam M. D.

(Coroner)

12/1/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: La Plata, Md. Date of Burial: Dec/ 1926

20 UNDERTAKER: J. W. McJohnson ADDRESS 1234 Ellwng St

Spec.—1-12-23—M&T—500 Bks.

E 16395 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16395

CERTIFICATE OF DEATH. X 122-002

1-PLACE OF DEATH Bon Secours Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 20-5 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Daisy E. Powell

(a) RESIDENCE No. 503 N. Monroe ST., WARD Waverly N. Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced (HUSBAND of ~~(or) WIFE of~~ Benj F. Powell

7 DATE OF BIRTH (month, day, and year) Dec 3 - 1881

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	11	28	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Martinsburg
(State or country) West Virginia

PARENTS

10 NAME OF FATHER Henry Coleman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) West Virginia

12 MAIDEN NAME OF MOTHER Susetta Howard

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) West Virginia

14 Informant Bey F. Powell
(Address) 121 Park Place Waverly

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1926, to Dec. 1, 1926, that I last saw her alive on Nov. 30, 1926, and that death occurred, on the date stated above, at 4.00 P m.

The CAUSE OF DEATH* was as follows:

Biliary Cirrhosis
Obstruction, Common bile duct

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Laparotomy Date of 10/16/26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, & Operative

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dayre Iowa — DATE OF BURIAL 12/2 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave.

Spec.—1-10-21—M&T—1500 Blks.

O'Karanker

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16396

CERTIFICATE OF DEATH.

31 E 16396

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1160 N Calhoun ST. 15-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Karanker

(a) RESIDENCE NO. 1160 N Calhoun ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atlantic City New Jersey

PARENTS

10 NAME OF FATHER Robert Karanker

11 BIRTHPLACE OF FATHER (city or town) Boston Mass.
(State or country)

12 MAIDEN NAME OF MOTHER Vashti Anderson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

14 Informant Vashti Karanker
(Address) 1160 N. Calhoun St.

15 Filed ..... 19 ..... CHAMP JONES, M. D. Registrar

12-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 21 1926, to Nov 29 1926, that I last saw h alive on Nov 28 1926, and that death occurred, on the date stated above, at 9:50 P m.

The CAUSE OF DEATH* was as follows: Tuberculosis Pulmonalis

(duration) Prob 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonal

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ashton M. D.

19 (Address) 607 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 3 1926

20 UNDERTAKER Virginia A Brooks ADDRESS 1463 N. Carey

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16397

CERTIFICATE OF DEATH.

129 E 16397

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 540 N Calvert St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Breen

(a) RESIDENCE NO. 540 N. Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced. (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE: 67 Years | Months | Days | If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hostler

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Has not worked for a long time

9 BIRTHPLACE (city or town):

(State or country) Ireland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Samuel J. McCormick

(Address) 201 E. Lanvale St.

15 Filed Dec 2 1926 C. LAMPSON JONES, M. D. Registrar

RJC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

December 1. 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 30. 1926, to " " , 19....., that I last saw him alive on Nov 30, 1926, and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterio-sclerosis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Alcoholism

many years (duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy! No

What test confirmed diagnosis! History + coma. Confirm

(Signed) Valerius Franklin Kozlehurst Jr., M. D.

Dec 1, 1926 (Address) 4 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial 12/2 1926

20 UNDERTAKER: Joseph Tarby Sulter ADDRESS: Fayette

Spec.—1-10-21—M&T—1500 Bks.

E 16398

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16398

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hosp. 160

CITY OF BALTIMORE: (No. ..... ST., 10-12 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Horn Woodbine Maternity Home

(a) RESIDENCE NO. ~~W. Balto. General Hospital~~ ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) November 30, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Lesleigh Horn

11 BIRTHPLACE OF FATHER (city or town) Harford County
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Anna Kennedy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland.

14 Informant West Baltimore Gen Hosp.
(Address)

15 Filed DEC 2 - 1926, 19.. Registrar C. Hampton Jones, M.D. R.J.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 1 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/30, 1926, to 12/1, 1926,

that I last saw her alive on 12/1, 1926,

and that death occurred, on the date stated above, at 10 15 a.m.

The CAUSE OF DEATH* was as follows:

Nephritis toxemia

(duration) yrs. ..... mos. / ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Arneld L Jensen M. D.

12/1, 19 26 (Address) West Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Dec 2 1926
20 UNDERTAKER	ADDRESS
Hallam Cook	503 E Natt Ave

Spec.—1-10-2'—M&T—1500 Bks.

E 16399 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 31 E 16399

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 Fort Pl ST. 18-2 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Frankenhan

(a) RESIDENCE No. 30 Fort Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? 13 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Jessie Frankenhan

6 DATE OF BIRTH (month, day, and year) 5/5/1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Gas Fitter

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Pittsburgh Pa

PARENTS

10 NAME OF FATHER: not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pittsburgh

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pittsburgh

14 Informant: Wife Jessie Frankenhan (Address) 30 Fort Pl

15 Filed DEC 2 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1926

17

I HEREBY CERTIFY, That I attended deceased from May 1926, to Nov 30, 1926, that I last saw h— alive on Oct 22, 1926, and that death occurred, on the date stated above, at 5:50 p. m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis.

(duration) 1 yrs 4 mos ds.

CONTRIBUTORY (Secondary) Septic - Tonsil

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Max A Brandt, M. D.

, 19 (Address) 125 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL 12/1 1926

20 UNDERTAKER: Charles B Edmunds — ADDRESS 637 Fourth Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16400

CERTIFICATE OF DEATH.

E 16400

27-9 47

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 600 W. Glenmore Ave. ST. 27-9 WARD)

2-FULL NAME Julia G. Dinnigan

(a) RESIDENCE NO. 600 W. Glenmore Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P. Dinnigan

6 DATE OF BIRTH (month, day, and year) July 17.1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	56	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Gerald Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Keough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Sadie Dinnigan (Address) 600 W. Glenmore Ave.

15 Filed ..... 19..... Registrar

EC2 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1926, to Dec 1, 1926, that I last saw h alive on Nov 30, 1926 and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Exhaustion + Toxemia

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Pneumonia

Bronchial (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas Bruns, M. D.

1/26 19 (Address) 4 706 Hospital Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec 4, 1927
20 UNDERTAKER Elmer W. Conklin	ADDRESS 824 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

James G Wright

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16401

CERTIFICATE OF DEATH.

129 E 16401

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 251 Robert St. (14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James G Wright.

(a) RESIDENCE NO. 251 Robert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	85	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired gdl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pittsburgh, Pa. (State or country)

PARENTS

10 NAME OF FATHER Wm. Wright

11 BIRTHPLACE OF FATHER (city or town) Pa. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Sellers

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

14 Informant Margaret L. Wright (Address) 251 Robert St.

15 Filed DEC 2 - 1926 HAMPSON JONES, M. D. Registrar

By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1926

17 I HEREBY CERTIFY, That I attended deceased from about Dec 1, 1924, to Dec 1, 1926, that I last saw h[illegible] alive on Nov. 30, 1926 and that death occurred, on the date stated above, at 3 A, m.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Heart & Aid

(Signed) Jesse Chaney M. D.

Dec 2 1926 (Address) 701 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chambersburg, Pa. DATE OF BURIAL Dec. 3, 1926

20 UNDERTAKER John C. Mitchell ADDRESS 1201 W. Fayette St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16402

CERTIFICATE OF DEATH.

+ 11-01

E 16402

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Maryland General Hospital ST. 11-2 WARD)

2-FULL NAME Mrs Theodore Harris

(a) RESIDENCE NO. Leistertown Md ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Harris

6 DATE OF BIRTH (month, day, and year) 2-25-1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm Hand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Harry Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Nash

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs Theo. Harris (wife) Same

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

12-1926 For R.J.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1-1926

17

I HEREBY CERTIFY, That I attended deceased from 11-24-26, 19 , to 12-1-, 1926.

that I last saw h alive on 12-1-, 1926,

and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Perforated Gastric ulcer

(duration) 8 yrs. one day (?) mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 11-24-26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) C. C. Zimmerman M. D.

. 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Carroll Co. Produce Cemetery	Dec 6 1926
20 UNDERTAKER	ADDRESS
J. F. Ebaugh & Son	Westminster Md

Spec.—1-12-23—M&T—500 Blks.

Harlem.

16403

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

74 E 16403

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 N. Vincent ST. 16-7 WARD)

2-FULL NAME Martha Hunn

(a) RESIDENCE NO. 718 N. Vincent ST., WARD

(Usual place of abode) about

Length of residence in city or town where death occurred 25- yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Hunn

6 DATE OF BIRTH (month, day, and year) 1864 month & day not known

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 07

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer —

PARENTS

9 BIRTHPLACE (city or town) (State or country) Talbott Co. Md.

10 NAME OF FATHER Chas. Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbott Co. Md.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Md.

14 Informant Margaret Crowder

(Address) 718 N. Vincent St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1- 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-10-, 1926, to 11-30-, 1926,

that I last saw her alive on 11-30-, 1926,

and that death occurred, on the date stated above, at 6-5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos 22 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Chas. L. McCarthy, M. D.

, 19 (Address) 2410 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	Dec 2 1926
20 UNDERTAKER	ADDRESS
Hurst Eastern	Same

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16404

CERTIFICATE OF DEATH.

E 16404

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. (WARD) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Rouder

(a) RESIDENCE. NO. 701 Mulberry St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Wh.

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 29/26

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: C. E. Rouder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Florence Woodall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: C. E. Rouder

(Address) 701 Mulberry St

15 Filed ..... 19 .....

2 - 1926 Per C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1 1926.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1926 to Dec 1st, 1926,

that I last saw h[illegible] alive on Dec 1st 1926,

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. D. Dandridge, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 12/2 26

20 UNDERTAKER: Geo Knell

ADDRESS: 917 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16405

CERTIFICATE OF DEATH.

27-6 161-001

E 16405
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 27-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hopkins

(a) RESIDENCE No. 106 Elmwood Rd ST. Roland Park WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 29, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry P. Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annapolis, Md.

12 MAIDEN NAME OF MOTHER Constance Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Missouri

14 Informant Mrs. Constance H. Hopkins
(Address) (mother) 106 Elmwood Rd. Roland Park, Balto.

15 Filed DEC 2 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1926. to Dec. 1, 1926.

that I last saw him alive on Dec. 1, 1926

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity with atelectasis.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Premature rupture membranes

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical exam.

(Signed) Wm Alden, M. D.

19 (Address) Women's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Dec. 2 1926

20 UNDERTAKER J. B. Cook ADDRESS 1003 N. Calvert St.

DEC 2 1926 HAMPSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

£ 16406

CERTIFICATE OF DEATH.

91 E 16406

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Edmondson St. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret F. Mc. Guiness

(a) RESIDENCE NO. 1013 Edmondson St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Wh.	married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Jno. J. Mc. Guiness

6 DATE OF BIRTH (month, day, and year) Oct 4, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	70	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Timothy Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Margaret Boyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Charles Mc Guiness

(Address) 1013 Edmondson Av.

15 Filed Dec 2, 1926, 19 Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1926, to Nov. 30, 1926.

that I last saw her alive on Nov. 30, 1926

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Ac. Indigestion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fatty Sclerosis of

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) Frank E. Wagner M. D.

12/1/1926 (Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 11-4 1926

20 UNDERTAKER Edward G Fink. — ADDRESS 734 Poplar Grove

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16407

CERTIFICATE OF DEATH.

90 E 16407

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sq. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Nuckey (Mauchy)

(a) RESIDENCE NO. 512 Nansen St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Nuckey

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scrub woman

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Carter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lama —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH 30

16 DATE OF DEATH (month, day, and year) November 1926

17

I HEREBY CERTIFY, That I attended deceased from November 29, 1926, to November 30, 1926, that I last saw h.. alive on November 30, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

Chronic Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & Laboratory

(Signed) R. Hooper Smith, M. D.

Nov 30 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

Date of Burial Dec 3 1926

20 UNDERTAKER L. E. Brown's Son

ADDRESS 108 W. Monument St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16408

CERTIFICATE OF DEATH.

112 E 16408

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ Hosp. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jessie Taylor

(a) RESIDENCE NO. 521 N Presstman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) mdse store

(c) Name of employer Fleet Bro's

9 BIRTHPLACE (city or town)

(State or country) Texas.

PARENTS

10 NAME OF FATHER Orange Taylor

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Texas

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Savina Hampton

(Address) 521 Presstman st.

15 Filed 19 Registrar

very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to... his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastritis,

Error of Diet.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) yrs. mos. 2 ds.

(Signed) (Coroner) M. D.

27 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemtery Date of Burial Dec 4 1926

20 UNDERTAKER Mrs Jas W. Jenkins ADDRESS 30 Presstman St.

per T. E. Nelson

EDMUND JONES M. D.

Cor.—1-12-26—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16409

CERTIFICATE OF DEATH.

170 E 16409

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Santo Noto(known as Ruth Vincentino)

(a) RESIDENCE NO. 922 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 27/1900

7 AGE	Years	Months	Days	If LESS than 1 day, ...brs. or ....min.
	26	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Mickell Santo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Serafino Noto (Uncle) New York City

15 Filed 2 1926 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 29/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Anaemia-loss of blood-Shot himself in upper leg. Attempted suicide (Shot himself 1 Sept 1926)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Calvert, M. D. (Coroner.)

12/1/26. 192 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	12/2 1926
20 UNDERTAKER	ADDRESS
George J Ruth	1735 Hanford Av

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16410

179

REGISTERED NO. E 16410

1-PLACE OF DEATH

City of BALTIMORE: (No. 2724 Bernard St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet A. Blottenberger

(a) RESIDENCE NO. 2724 Bernard St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married.

5a If married, widowed, or divorced (or) WIFE of: Phillip G. Blottenberger

6 DATE OF BIRTH (month, day, and year): Dec 1, 1881

7 AGE: Years 45 Months Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Ed. A. Colburn

11 BIRTHPLACE OF FATHER (City or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Colburn

13 BIRTHPLACE OF MOTHER (city or town): Md.

(State or country)

14 Informant: Phillip G. Blottenberger (Address) 2724 Bernard St

15 Filed ..... 19.. C. [illegible] Registrar

12 - 1926 Per ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 1, 1926 19 26.

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1917, to Dec 1, 1926, that I last saw h[illegible] alive on Dec 1, 1926, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Terminal Pneumonia

..... (duration) 11 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) E. B. Colburn, M. D.

Dec 2, 1926 (Address) 334 Scholars Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Dec 4 1926

20 UNDERTAKER: Ehenowelt & Son — ADDRESS 3617 Chestnut Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Aurelia Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16411

CERTIFICATE OF DEATH.

11-002

E 16411

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Lindsay St. 11-1 WARD)

2-FULL NAME Aurelia Williams

(a) RESIDENCE NO. 1001 Lindsay St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: [illegible]

6 DATE OF BIRTH (month, day, and year): June 1906

7 AGE — Years: — Months: — Days: 1 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Franklin Co. N. C.

PARENTS

10 NAME OF FATHER: Nath Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Addie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Nath Williams

(Address): 1001 Lindsay ave

15 Filed 19 — Registrar.

1926 1926083

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 30th 19 26

17

I HEREBY CERTIFY, That I attended deceased from Nov. 19th 1926 to Nov 30th 19 26

that I last saw he alive on Nov. 24 1926

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Lupus Erythematosus

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis M. D.

19 (Address) 924 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 19

20 UNDERTAKER: C. HAMPSON JONES, M. D. Commissioner Health.

ADDRESS: DEC 2 1926

THIS IS very important. See instructions on back.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16412

CERTIFICATE OF DEATH.

74-001 E 16412

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 251 W Preston ST. 11-2 WARD)

2-FULL NAME Florence McIntyre Tyson

(a) RESIDENCE NO. 251 W Preston ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
(or) WIFE of Frederick Tyson - Deceased

6 DATE OF BIRTH (month, day, and year) June 24-1847

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or....min.
	79	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None - at Home

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Wilmington Delaware

PARENTS

10 NAME OF FATHER Peter McIntyre

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York State

12 MAIDEN NAME OF MOTHER Martha Polk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware - Sussex Co

14 Informant Mabel M. C. Tyson
(Address) 251 W Preston

15 Filed ..... 19 ..... Registrar

C2 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1926, to Dec 1, 1926.

that I last saw her alive on Dec 1, 1926.

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Peterson, M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Dec 2 1926
20 UNDERTAKER	ADDRESS
Kane & Jenkins Co	Eutaw & Lanvale Sts.

Spec.—1-12-23—M&T—500 Bks.

Tore.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16413

CERTIFICATE OF DEATH.

X 90

E 16413

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 N. Calvert ST., 12-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Dillard Tore

(a) RESIDENCE NO. Brookland Restoration Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	73	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist 26

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 ~~BIRTHPLACE~~ (city or town) Charleston
(State or country) S. C.

PARENTS

10 NAME OF FATHER Peter Dillard Tore

11 BIRTHPLACE OF FATHER (city or town)
(State or country) S. C.

12 MAIDEN NAME OF MOTHER Mary J. Norris

13 BIRTHPLACE OF MOTHER (city or town) Balt
(State or country) Md

14 Informant
(Address)

15 Filed [illegible] 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30th 1926

17

I HEREBY CERTIFY, That I attended deceased from November 1, 1926, to November 30, 1926, that I last saw him alive on November 29th, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

(a) Coronary Disease (Arteriosclerosis of Coronary Arteries)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. F. Lockwood, M. D.

12/1, 1926 (Address) 8 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19
20 UNDERTAKER	ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

See 6 Years.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16414

E 16414

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 27-13 St. 118-001 Ward)

2-FULL NAME Mrs Sue C. Sears

(a) RESIDENCE NO. 4 Woodlea Place Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Sears

6 DATE OF BIRTH (month, day, and year) June 13-1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home 37

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Not known

12 MAIDEN NAME OF MOTHER Elizabeth Summers

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore, Md

14 Informant Geo. W. Sears.

(Address) 4 Woodlea Place

15 Filed....., 19.....

Per ..... Registrar

C. HARRISON JONES, M. D.

12-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4 1926, to Nov 30, 1926; that I last saw h.e alive on Nov. 30, 1926, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Diaphragmatic Hernia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Labor Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 27-26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Matta M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Western Cemetery	Dec 4 1926

20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E. Eager St.

very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16415

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

E 16415

REGISTERED No. C

CITY OF BALTIMORE: (No. 1937 Ramsay St.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles O Hyser

(Residence in Baltimore: No. 1937 Ramsay St St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, July (Month) 21 (Day), 1861 (Year)

7-AGE, 65 yrs. 5 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Glazer
(b) General nature of industry, business, or establishment in which employed (or employer): Morgan Mill Work

9-BIRTHPLACE, (State or Country): New Jersey

PARENTS.

10-NAME OF FATHER: Wm D. Hyser

11-BIRTHPLACE OF FATHER (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Sarah C. Hyser

(Address) 1937 Ramsay St

15-

Filed ....., 191.....

C. HAMPSON JONES, M. D. Registrar.

C2 - 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec (Month) 1 (Day), 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov 30 1926, to Dec 1 1926; that I saw him alive on Dec 1 1926, and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(b) Arteriosclerosis - Chronic Nephritis

Hypertension (Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) yrs. mos. 1 ds.

(Signed) Norbert C. Nolan M. D.

Dec 1, 1926 (Address) 2151 Wilkens Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Centreville Md — DATE OF BURIAL, Dec 3, 1926

20-UNDERTAKER Harry H. Witzke — ADDRESS 1531 W Lombard

Cor.—12-9-25—A C

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16416

CERTIFICATE OF DEATH.

199 E 16416

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St. Joseph Hospital St. 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sadie Smulovitz

(a) RESIDENCE NO. 2024 Walbrook Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred unk. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXX

6 DATE OF BIRTH (month, day, and year) June 26, 1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Brooklyn, New York

PARENTS

10 NAME OF FATHER Louis Smulovitz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie Kanowitz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Baltimore St

15 Filed ..... 19..... Registrar

DEC 7 - 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/25 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Septicemia-Gas Bacillis Infection.

Gangrenous Uterus (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Abortion (duration) ..... yrs. ..... mos. ..... ds.

(Signed) John Paul M. D.

(Coroner)

12/21/25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Hebrew Harmony Rem 12/a 19 25

20 UNDERTAKER — ADDRESS

Jack Lewis 1439 E Baltimore

Very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16417

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital 161-002

City of BALTIMORE: (No. Lombard & Greene St. 21-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Gambrill

(a) Residence No. 823 Oakland St., Ward.....
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	colored	

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 11-30-26

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 40 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Thomas Gambrill

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country) Maryland

12-MAIDEN NAME OF MOTHER, Hattie Williams

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country) Maryland

11-

(Informant).....

(Address).....

15-

Filed ..... 19.....

Per ..... Registrar.

2 1926 0838

C. HAMPSON JONES, M. D. BRH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 11-30-26

17- I HEREBY CERTIFY, That I attended deceased from 11-30- 1926 to 11-30 1926 that I last saw him alive on 11-30 1926 and that death occurred, on the date stated above, at 12 10/p m. The CAUSE OF DEATH* was as follows: Prolonged labor

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Congenital

atelectasis (Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Ira T. Dodge M. D.

19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL. ..... 19....
20-UNDERTAKER,	ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

DEC 2 1926

Instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 16418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 16418

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 730 N. Patterson Park Ave St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Munzler

(a) RESIDENCE NO. 730 N. Patterson Park Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? 43 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John M. Munzler

6 DATE OF BIRTH (month, day, and year) Sept. 17. 1862

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	64	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Vogel

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Minnie G. Munzler (Daughter)

(Address) 730 N. Patterson Park Ave.

15 Filed C. HAMPSON JONES M. D. Registrar

12-1926 Per

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1926 to Nov 30 1926

that I last saw h alive on Nov 30 1926

and that death occurred on the date stated above, at 7.15 p. m.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Edema

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos 1 ds.

18 Where was disease contracted

if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12-1 1926 (Address) 600 North [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cemetery	Dec. 3 1926
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc	1710 Fleet St.

E 16419

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16419

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead at 7-28 Registered No. C.....

City of BALTIMORE: (No. Balt City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah Casey

(Residence in Baltimore: No. 521 W Baltd St., 19 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Married

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1..... (Year)

7-AGE.	If LESS than 1 day,
45 yrs. mos. ds.	hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): A.A. Chemical Co.

9-BIRTHPLACE. (State or Country). Va

PARENTS.

10-NAME OF FATHER. unknown

11-BIRTHPLACE OF FATHER. (State or Country).

12-MAIDEN NAME OF MOTHER. unknown

13-BIRTHPLACE OF MOTHER. (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Jacob Smith

(Address) 521 W Balt St

15- FILED 1926 C. HAMPSON JONES, M. D. By ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 30 (Month) (Day) 192 6 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or Inquiry.) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thrombus of Coronary artery

Sudden (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Coronary artery (Duration) yrs. mos. ds.

(Signed) Jonas Hill Hinton M. D. (Coroner.)

Dec 1 1926 (Address) 2002 Chase St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mt. Zion Cemetery	Dec. 3, 1926
20-UNDERTAKER.	ADDRESS
Mrs Kate R. Williams	322 N. Schroeder St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16420

31 E 16420

1-PLACE OF DEATH

City of BALTIMORE: (No. 18 E Weber St. 23-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret C Morris

(a) RESIDENCE NO. 18 E Weber St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Morris

6 DATE OF BIRTH (month, day, and year) December 28 1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Theodore Knott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Annie White

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant John G Morris

(Address) 18 E Weber St

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

Per ..... Registrar

2 - 1926

OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. Very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 25 1926 to Dec 1 1926

that I last saw h alive on Dec 1 1926

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

Duration yrs. mos. 1 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis Clinically

(Signed) H K Campbell M. D.

(Address) 1644 Harwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross AA Co Date of Burial 12-4 1926

20 UNDERTAKER E H Bare ADDRESS 115 E West St.

Spec.—12-9-25—A Co.—200 Blks.

E 16421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 16421

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 428 N. Collington Ave St., 8th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Eliza Monahan

(a) RESIDENCE NO. 428 N Collington Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: John Rabe (1) James J Monahan (2)

6 DATE OF BIRTH (month, day, and year): Aug 12 1845

7 AGE: Years 81 | Months 3 | Days 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: John Stemmerich

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Catherine Hamilton

13 BIRTHPLACE OF MOTHER (city or town): Ireland

(State or country)

14 Informant: Henry Rabe

(Address) 1810 N Monroe

15 Filed Dec 3 1926 C. HAMPSON JONES, M. D. Registrar

For Balto

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Nov 30, 1926, that I last saw h[illegible] alive on Nov 30, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Leon[illegible], M. D.

Dec 1, 1926 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Annapolis Md Date of Burial: Dec 3rd 1926

20 UNDERTAKER: Leo G. Cook ADDRESS: 1723 Patterson Park Ave

Very Important

Spec.–7-17-26—A Co.—200 Bks.

Dr Forsythe 1124 E Monument

E 16422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 16422

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1910 Homewood Ave St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E Melville

(a) RESIDENCE NO. 1910 Homewood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	52	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Samuel Melville

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie M Melville

13 BIRTHPLACE OF MOTHER (City or town) Balto

(State or country) Md

14 Informant Anne Melville

(Address) 1910 Homewood Ave

15 Filed 2-1925, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany, 1925, to Dec. 1, 1926,

that I last saw her alive on Nov. 30, 1926,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cancer Uterus and adnexa

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted Pelvic portion

if not at place of death? Peritoneum and

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dr

(Signed) Chas F Forsythe, M. D.

12-2-1926, (Address) 1124 E. Monument Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Lorraine Cem.	Dec 3 1926
20 UNDERTAKER	**ADDRESS**
William Cook	502 E Monument

very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16423

CERTIFICATE OF DEATH.

186-003

E 16423

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. U.B. Hosp St., 9-3 Ward)

2-FULL NAME John Butterhoff

(a) RESIDENCE NO. 617-E 28 St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10-1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	10 mo	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Peter Butterhoff

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant (Address) Wife 2 Baltimore City Hos.

15 Filed Dec 2 1926 19 C. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 6 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Acc. Fracture of Femur

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

(Signed) C. H. Jones M. D.

(Coroner)

, 19 (Address) 1498 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer. Date of Burial Dec 4 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E Madison

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16424

CERTIFICATE OF DEATH.

202

E 16424

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) Union Ship Building Co. St. Fairfield. 24-3 Ward)

2-FULL NAME Thomas P. Gillen.

(a) RESIDENCE NO. 1457 Reynolds St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs.____ mos.____ ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

3a If married, widowed or divorced HUSBAND of XXXXXXXXX Mary Gillen.

6 DATE OF BIRTH (month, day, and year) September 5, 1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of Industry, business, or establishment in which employed (or employer) Union Shipbuilding Co

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Gillen.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary McHale.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Ireland.

14 Informant Mary Gillen. (wife)

(Address) 1457 Reynolds St.

15 Filed 12 1926 C. HARRISON JONES, M. D. Registrar.

Per RCRH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 30, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull,
Caught under a falling metal plate.
Accidental Death.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M Reinhardt M. D.
(Coroner)

12/2 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem Date of Burial Dec. 3 1926

20 UNDERTAKER Margaret A. Flynn ADDRESS 1422 Light St.

If very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16425

CERTIFICATE OF DEATH.

181-001 E 16425

92-2

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Catherine Carney.

(a) RESIDENCE NO. 1432 Hanover St, St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	———		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J. Carney.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Manning.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Edward S. Carney. (nephew)

(Address) 629 Linnard Ave.

15 Filed _____ 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 20, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning due to a defective gas hose connection.
Occidental Death.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) Otto H. Leinhardt M. D.
(Coroner)

11/30 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? 1432 Hanover St. Nov. 20, 1926

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. Date of Burial Dec 3 1926

20 UNDERTAKER Margaret G. Flynn ADDRESS 1422 Light

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16426

CERTIFICATE OF DEATH

86-002

E 16426

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2737 Bernard St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Helena Dell

(a) RESIDENCE NO. 2737 Bernard St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
		5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER John Dell

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Helena Foble

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Helena Dell

(Address) 2737 Bernard St

15 Filed ....., 19.... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1926, to Dec 2, 1926, that I last saw h[illegible] alive on Dec 2, 1926, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Malaria

(duration) ....yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lead Colic

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Entry

(Signed) [illegible] M. D.

, 19 (Address) 310 Oldfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll Co Greenmount

Date of Burial Dec 4 1926

20 UNDERTAKER Chesnut & Son

ADDRESS 3407 Chestnut Ave

3 — 1926 C. THOMPSON JONES, M.D.

Be sure to give number of certificates. See instructions on back of certificates. very important.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ~ E 16427

E 16427
1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 710 E Monument St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Walker

(a) RESIDENCE NO. 710 E Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Walker

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Sussex Co Va

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) unk

(State or country)

14 Informant Bessie Walker

(Address) 1117 E Monument St

15 Filed 15 HENDERSON, M. D.

DEC 3 - 1926 Registrar K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1926, to Nov 30, 1926, that I last saw him alive on Nov 30, 1926 and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Tapemier

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardio Renal disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) George S. Allen, M. D.

12-1, 1926 (Address) 508 Somerset

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Laurel Cemetery	12/3 1926

20 UNDERTAKER Otis H. Johnson ADDRESS 416 N. Carrollton Ave.

very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 16428

CERTIFICATE OF DEATH.

REGISTERED NO. E 16428

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ____ St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helene Breening

(a) RESIDENCE NO. 1506 N. Gay St., St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 Color or Race W.

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of John Breining

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	83.	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Germany

14 Informant Mrs Wm Lehr

(Address) Catonsville Md.

15 Filed ____ 19 ____ C. HAMPSON JONES, M. D. Registrar

For ____

C3-1925

MEDICAL CERTIFICATE OF ~~DEATH~~

16 DATE OF DEATH (month, day, and year) Dec 1. 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1926, to Dec 1, 1926, that I last saw ~~her~~ alive on Dec 1, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBITORY (Secondary) Lobar Pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? No. Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) C. Schotta, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial 12/4/26

20 UNDERTAKER Geo Leembuch Jr. — ADDRESS 647 W Pratt St

Very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16429

CERTIFICATE OF DEATH.

129 E 16429

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Linden Ave ST. [illegible] WARD)

2-FULL NAME LAVINIA WASHINGTON GARY

(a) RESIDENCE NO. 1200 Linden Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 89 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: JAMES ALBERT GARY

6 DATE OF BIRTH (month, day, and year): Dec. 23 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: JAMES CORRIE

11 BIRTHPLACE OF FATHER (city or town) (State or country): DUMFRIESHIRE SCOTLAND

12 MAIDEN NAME OF MOTHER: Catherine Ely

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: E. Stanley Gary
(Address): Catonsville Md

15 Filed DEC 3 1926, 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1926

17

I HEREBY CERTIFY, That I attended deceased from July 22 1926, to Dec 2 1926, that I last saw her alive on Dec 1st 1926, and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Uraemia -

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Hypertension - Chronic Nephritis - Arteriosclerosis

(Duration) yrs. 5 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

Dec 2. 1926 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Dec 4 1926

20 UNDERTAKER: Henry H Jenkins Sons

ADDRESS: Oulton & Caltrider

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 16430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16430

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Dorchester Road ST. 15-1 WARD)

2-FULL NAME M. Elizabeth North

(a) RESIDENCE NO. 3806 Dorchester Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. North

6 DATE OF BIRTH (month, day, and year) Oct. 8. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John W. Laughton

11 BIRTHPLACE OF FATHER (city or town) (State or country) La.

12 MAIDEN NAME OF MOTHER Caroline Applegarth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co., Md.

14 Informant Harvey W. North
(Address) 3806 Dorchester Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1, 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 19 26, to Dec 1, 19 26, that I last saw h[illegible] alive on Nov 30 d, 19 26, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Heart much hypertrophied

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/2 19 26 (Address) 720 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Dec 3 1926

20 UNDERTAKER John F Denny — ADDRESS 715 Lights

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16431

CERTIFICATE OF DEATH.

129 E 16431

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W. Biddle ST. 11-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Anne Brady.

(a) RESIDENCE NO. 212 W. Biddle ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18, 1853.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or .... min.
	73.	6	10.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... at home

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer /

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Hugh A Brady.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Co. Cavan Ireland.

12 MAIDEN NAME OF MOTHER Bridget Timmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Co. Cavan Ireland.

14 Informant (Address) Jos. Brady. 212 W. Biddle St

15 Filed DEC 3 - 1926 C. HAMPSON JONES, M. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1st 1926

17 I HEREBY CERTIFY, That I attended deceased from 2/1, 1924, to 12-1, 1926.

that I last saw h[illegible] alive on 12-1, 1926

and that death occurred, on the date stated above, at 5. P. m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis

Hypostatic pneumonia

Chr. Interstitial nephritis

(duration) 3 yrs. - mos - ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? O Date of —

Was there an autopsy? O —

What test confirmed diagnosis? Physical Examination

(Signed) Joseph F. O'Brien M. D.

12/4 1926 (Address) 904 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	DEC 4 1926
20 UNDERTAKER	ADDRESS
Wm J Hartwell	408 W. Franklin St.

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eks.

E 16432

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16432

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1736 N Fulton St. 15-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Daniel Haggerty

(a) Residence No. 1736 N Fulton St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
M	W	Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Annie G H.

6-DATE OF BIRTH (month, day and year) Nov 25 1847

7-AGE.	If LESS than 1 day,
79 yrs. — mos. 8 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Rail Road
(b) General nature of Industry, business, or establishment in which employed (or employer)..... Inspector
(c) Name of employer..... W. M. R. R.

9-BIRTHPLACE (city or town)..... Md.
(State or Country),

PARENTS.

10-NAME OF FATHER, Patrick Haggerty

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mt Kenna

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

11- (Informant) Mrs Ernest T Martin
(Address) 1736 N Fulton

15- Filed..... 192 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 2 26

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 26 to Dec 2 26

that I last saw h.. alive on Dec 1 - 26

and that death occurred, on the date stated above, at 6 1/4 M.

The CAUSE OF DEATH* was as follows:

1, Chronic Endocarditis

(Duration) 1 yrs. mos. ds

CONTRIBUTORY (Secondary) Cardiac Asthenia

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

, 19 (Address)

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cumberland Md	Dec 4, 1926
20-UNDERTAKER.	**ADDRESS**
H M Routson	2230 N Mtn

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16433

CERTIFICATE OF DEATH.

100-001

E 16433

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S Rose ST. 1-2 WARD)

2-FULL NAME Celia A. Kotowska

(a) RESIDENCE NO. 721 S. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10 26

7 AGE Years Months Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Anthony Kotowsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Sopneska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Anna Kotowska

(Address) 721 S. Rose

15 Filed DEC 3 1926 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 2, 1926, that I last saw h alive on Dec 2, 1926, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rysavek M. D.

(Address) 801 Kennedy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Dec 4 1926

20 UNDERTAKER: George A. Weber — ADDRESS: 2295 Bank St.

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-002

E 16434

CERTIFICATE OF DEATH.

E 16434

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1825 Light St. St. 242 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry T. Rolle.

(a) RESIDENCE NO. 1825 Light St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) October 20, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank H. Rolle.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Dora C. Becker.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant Dora C. Rolle. (mother)

(Address) 1825 Light St.

C. HARRISON JONES, M. D.

15 Filed ..... 19 .....

..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 2, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Otto M. Reinhardt M. D.
(Coroner)

12/2 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Cross Cem. A. A. Co. Dec 4 1926

20 UNDERTAKER — ADDRESS

A. Edward Evans 386 E. Fort Ave

Be sure to fill out every item. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16435

CERTIFICATE OF DEATH.

E 16435

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Linden Ave (WARD) 13-6

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie E Kanne

(a) RESIDENCE No. 2411 Linden Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Kanne

6 DATE OF BIRTH (month, day, and year) Dec 24 - 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
74 75	—	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Edmond Shenker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pohle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm R. G. Kanne

(Address) 2411 Linden Ave

15 Filed DEC 3 1926 19 Per C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1926, to Dec 2, 1926.

that I last saw he alive on Dec 1, 1926

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 14 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Grant Edward M. D.

, 19 (Address) 1418 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec 4 1926

20 UNDERTAKER Josiah Syfer — ADDRESS 1600 N. Howard

CHECK OF ACCURACY. See instructions on back of certificates. TION is very important.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16436
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

188-003

E 16436
REGISTERED NO.

City of BALTIMORE: (No. Colonial Hosp. St., 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rachael Margolis

(a) RESIDENCE NO. 2317 N. Fulton St. Ward
(Usual place of abode) Mullen Ave
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 Color or Race: W
5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Abraham J. Margolis

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 53 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Russia

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town)
(State or country): Russia
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Russia

14 Informant: Jack Lewis
(Address) 1439 E. Baltimore St.

15 Filed DEC 3 - 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH was as follows:

Auto. Accident
Fracture of Skull.
(duration) hrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

Dec 3 1926 (Signed) H. C. Slade, M. D.
(Coroner)
(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — Date of Burial: 12/3 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E. Baltimore St.

OF DEATH in plain terms, so that it may be of certificate. very important. See instructions on back

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16437

CERTIFICATE OF DEATH.

90 E 16437

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 309 Wyman Ave St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Eleanor Cary

(a) RESIDENCE NO. 309 Wyman Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of C. Etienne Cary

6 DATE OF BIRTH (month, day, and year) Oct 18/1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John F. Wagner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Matilda Schaeffer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Etienne C Cary

(Address) 309 Wyman Ave

15 Filed 19 CHAMPSON POOLE, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Insufficiency

(duration) yrs. mos. ds.

(Signed) J. S. Waters M. D.

(Coroner)

12/3/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Dec. 4, 1926

20 UNDERTAKER Martin Fahey & Sons. ADDRESS W. 847 Lan

OF DEATH is plain terms, so that it may be of certificate. very important. See instructions on back

Spec.—1-10-21—M&T—1500 Bks.

E 16438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 16438

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin ST. Square Hospital WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rosa Ida Kunkel.

(a) RESIDENCE No. 2739 W Fairmount Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William J. Kunkel

6 DATE OF BIRTH (month, day, and year): Sept 8 1882

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
44	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Harry W. Colebourn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore md

12 MAIDEN NAME OF MOTHER: Margaret Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

14 Informant: William J. Kunkel

(Address): 2739 W. Fairmount

15 Filed DEC 3 1926, 19 C. HAMPTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/24/26, 19 , to Dec 2, 1926.

that I last saw her alive on Dec 2, 1926.

and that death occurred, on the date stated above, at 3:45 a. m.

The CAUSE OF DEATH* was as follows:

Secondary Carcinoma

of Broad Ligaments.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) C. W. Wilson M. D.

, 19 (Address) Franklin Square Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemy

DATE OF BURIAL: Dec 4 1926

20 UNDERTAKER: Jos Jacobs Son

ADDRESS: 2173 Penn

CAUSE OF DEATH in plain terms, so that a layman can understand. Do not use abbreviations or technical terms. Omission to answer any question will delay burial. Physician is required to sign certificate and state cause of death to the best of his knowledge and belief. Undertaker is required to file certificate with Registrar before body is removed from the district. See instructions on back of certificates.

Spec.— Sister Magdelen St. Euphrasia ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16439

CERTIFICATE OF DEATH.

90 E 16439

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH (Town of Good Shepherd)

City of BALTIMORE: (No. Mount & Hollins St. St. 19-2 Ward)

2-FULL NAME Sr Magdelen St Euphrasia

(a) RESIDENCE NO. Mount & Hollins St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 33 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 8, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	53	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sewing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Barana, Germany

(State or country)

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant House of Good Shepherd

(Address) Mount & Hollins

15 Filed _____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1926 19

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1924, to Dec 22d, 1926, that I last saw h.. alive on December 20th, 1926, and that death occurred, on the date stated above, at 11 P.M. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) ___ yrs. ___ mos. 30 ds.

CONTRIBUTORY Arterio Sclerosis and
(Secondary) Hypertension

(duration) 2 yrs. ___ mos. ___ ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. A. Ryland, M. D.

Dec 27, 19 26 (Address) 1300 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral	12/3 19 26
20 UNDERTAKER	**ADDRESS**
J. Fahey & Sons	1318 Light

OF DEATH in plain terms, so that it may be properly classified. Use no abbreviations or ditto marks. Be very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Dowers

E 16440 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16440

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3216 Harford Avenue ST., 4-2 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret J. Dower

(a) RESIDENCE NO. 3216 Harford Avenue ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Dower

6 DATE OF BIRTH (month, day, and year) Sept. 21, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Duffy

11 BIRTHPLACE OF FATHER (city or town) ...
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Jane Christy

13 BIRTHPLACE OF MOTHER (city or town) ...
(State or country) Virginia

14 Informant John P. Dower
(Address) 3216 Harford Avenue

15 Filed ..., 19.. C. HAMPSON JONES, M. D.
Registrar

TION is very important. See instructions on

EC 3- 1926 Per R R

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Dec 1, 1926, that I last saw h.. alive on Dec 1, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(duration) ... yrs. ... mos 21 ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) ... yrs. ... mos. 21 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas O'Donovan, M. D.

Dec 3, 19 26 (Address) 5 E. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	12/4 19 26

20 UNDERTAKER Henry U. Mears & Son ADDRESS 80 N Calvert

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16441

1-PLACE OF DEATH

CERTIFICATE OF DEATH

128 E 16441

REGISTERED NO.

City of BALTIMORE: (No. 1505 Montpelier St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine Eusting Bowen

(a) RESIDENCE NO. 1505 Montpelier St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 3 mos. 16 ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin T. Bowen

6 DATE OF BIRTH (month, day, and year) Sept. 15th 1886

7 AGE	Years	Months	Days
	40	3	16

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Patrick J. Eusting

11 BIRTHPLACE OF FATHER (City or town) Balto. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Benjamin T. Bowen.

(Address) 1505 Montpelier St.

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 19 26 to Dec 1, 19 26

that I last saw h[illegible] alive on Nov 30/26, 19 .....

and that death occurred, on the date stated above, at 4.50 a. m.

The CAUSE OF DEATH* was as follows:

House Keeper

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Colitis

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Dec 17 19 26 (Address) 1505 Montpelier St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cemetery — Date of Burial Dec 19 1926

20 UNDERTAKER Lilly & Zeiler — ADDRESS 403 S. Wolfe St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

Boerow.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16442

161-001

E 16442

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver Sts. ST. 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barby Boeron.

(a) RESIDENCE No. 3727 Foster Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	—

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/27/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Josephs Hospital

PARENTS

10 NAME OF FATHER Mortanis Boeron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland.

12 MAIDEN NAME OF MOTHER Maria Gerden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland.

14 Informant Mortanis Boeron

(Address) 3727 Foster Ave

15 Filed , 19

DEC 3 - 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/28 19 26

17

I HEREBY CERTIFY, That I attended deceased from 11/27/ , 1926 , to 11/28/26 , 1926 ,

that I last saw her alive on 11/28/26 , 1926 ,

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Prematurel Birth.

(duration) — yrs. — mos — ds.

CONTRIBUTORY (Secondary) Toxemia of Pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H A McCulloch M.D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem.	Dec. 3rd 1926

20 UNDERTAKER	ADDRESS
Lilly and Zeiler	403 S. W. Fayette St.

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16443

CERTIFICATE OF DEATH.

E 16443

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 504 E 34th St.; 9-1 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Howard Parlett

(a) RESIDENCE. No 504 E. 34th St., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) or abt Feb 24 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	50	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto Co Md.

PARENTS

10 NAME OF FATHER Wm. J. Parlett.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Annie R. Amoss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md.

14 Informant Elizabeth A. Wright (Address) 504 E. 34st

15 Filed ... 19 ... Registrar

C. HAMPTON JONES, M. D.

DEC 3 - 1926

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) Dec 1 1926

17 I HEREBY CERTIFY. That I attended deceased from Nov 30, 1926, to Dec 1, 1926, that I last saw him alive on Dec 1, 1926, and that death occurred, on the date stated above, at 6 00 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical.

(Signed) John S. Fraley M. D.

1926 (Address) 3572 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebb. M. E. Cemetery

DATE OF BURIAL Dec 5 1926

20 UNDERTAKER Foley Burns Sons

ADDRESS Towson

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 16444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16444

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N. Franklin St ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Xaver Kochler

(a) RESIDENCE NO. 906 N. Franklin St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bertha M. Kochler

6 DATE OF BIRTH (month, day, and year) March 5 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wood Engraver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Francis Xavier Kochler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Attinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bertha M Kochler

(Address) 906 N. Franklin St

15 Filed Dec 6 1926 C. HAMPSON JONES, M. D. Registrar

For 1078

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 6 1926 to Dec 2 1926

that I last saw h alive on Dec 2 1926

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 2 mos 26 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Lab findings

(Signed) James L Kozlowski M. D.

12/3 1926 (Address) 1729 E Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 6 1926
UNDERTAKER Harry A Armacost & Son	ADDRESS Ridgewood Ave

TION is very important. See instructions on back of certificate.

E 16445

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 16445

CERTIFICATE OF DEATH

REGISTERED NO. C 179

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 805 Fremont Av ST.; 17-1 WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Lunsted

(Residence in Baltimore: No. 805 Fremont Av St.; yrs. 2 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: F

4-COLOR OR RACE: colored

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): married

6-DATE OF BIRTH: 12 (Month) 26 (Day) 1876 (Year)

7-AGE: 49 11 5 — 50 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE (State or country): Accomac Co Va

PARENTS

10-NAME OF FATHER: Henry Griffin

11-BIRTHPLACE OF FATHER (State or country): Va

12-MAIDEN NAME OF MOTHER: Harriet Mapps

13-BIRTHPLACE OF MOTHER (State or country): Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Custis

(Address) 805 Fremont Ave

15 — 3 - 1926 — C. HAMPSON JONES, M. D. — Per ..... 191 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 12 (Month) 1 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1926, to Dec 21 1926 that I saw h[illegible] alive on Dec 1 1926, and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Cardiovascular Renal Disease

(Duration) yrs. 6 mos. ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) 1 yrs. mos. ds.

(Signed) [illegible] M. D.

12-3, 1926 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death: yrs. mos. ds. — In the State: yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Parkley Station — DATE OF BURIAL: Dec 4 1926

20-UNDERTAKER: Jaconiac — ADDRESS: 1027 [illegible] Co Va

John H. Toadvine

N. B.-Every item of information should be entered; applies to stillbirths; state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26–A Co.–200 Bks.

Dr Rokenny - 2200 E Madison St

E 16446

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-98 E 16446

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1019 N Washington St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Thompson

(a) RESIDENCE NO. 1019 N. Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Thompson

6 DATE OF BIRTH (month, day, and year) Dec 25, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	57	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General natore of indostry, business, or establishment in which employed (or employer) 014

(c) Name of employer Schenlein

9 BIRTHPLACE (city or town)

(State or country) New York

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) U. S.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) U. S.

14 Informant Anna Thompson

(Address) 1019 N Washington St

15 Filed 3-1926 C. HAMPSON JONES, M. D. Registrar

By R.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 28 26, to Nov. 30th 19 26

that I last saw him alive on Nov. 30th 19 26

and that death occurred, on the date stated above, at 5 00 P m.

The CAUSE OF DEATH was as follows: Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial Dec 1 1926

20 UNDERTAKER W. Cook — ADDRESS 822 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16447

CERTIFICATE OF DEATH.

+ 188-803 E 16447

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Copeland

(a) RESIDENCE NO. Damascus, Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Molly Copeland

6 DATE OF BIRTH (month, day, and year) 2 | 21 | 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	56	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Isaac Copeland

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md Md

12 MAIDEN NAME OF MOTHER Amy Washington

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant J. B. Beall (Coroner)

(Address) Damascus, Md.

15 Filed _____ C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Spinal Cord? Disclocated 6th & 7th cervical vertebra. Automobile Accident (over)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) _____ (duration) ....yrs. ....mos. ....ds.

(Signed) J. B. Beall (Coroner) M. D.

12/5/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Cemetery Monty Co Md Date of Burial Dec 5 1926

20 UNDERTAKER J B Beall ADDRESS Damascus Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4 1926

Spec.—1-10-21—M&T—1500 Blks.

E 16448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16448

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Shelter - 517 W Biddle St. 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elzie Messick

(a) RESIDENCE NO. 517 W. Biddle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Don't Know

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER — Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Matron of Home

(Address) 517 W. Biddle St

15 Filed ..... 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3rd 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1926, to Dec. 3, 1926,

that I last saw her alive on Dec. 3, 1926,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical diagnosis

What test confirmed diagnosis?

(Signed) W= T. Carr M. D.

Dec 3 1926 (Address) 515 Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL Dec 6 1926

20 UNDERTAKER Wm. E. Franck ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16449

CERTIFICATE OF DEATH.

111-001

E 16449

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1010 Ridgely St. 21-3 Ward)

2-FULL NAME Michael N. Betz

(a) RESIDENCE NO. 1010 Ridgely St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Georgia Betz

6 DATE OF BIRTH (month, day, and year): July 26 1888

7 AGE: Years 38 | Months 4 | Days 6 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasters

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Benny Schultz

9 BIRTHPLACE (city or town):

(State or country): New York.

PARENTS

10 NAME OF FATHER: Casper Betz

11 BIRTHPLACE OF FATHER (city or town):

(State or country): New York

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Not known

14 Informant: Mrs Mary Ostendorf

(Address) 1010 Ridgely St

15 Filed: 4 1926 C. HAMPSON JONES, M. D. Registrar

Far

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1926 to Dec 2, 1926

that I last saw him alive on Dec 2, 1926,

and that death occurred, on the date stated above, at 10:50 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Ulcer of stomach

(duration) yrs. 3 mos. ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. F. Hamburger, M. D.

Dec 3, 1926 (Address) 1 E Mendes St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem. Date of Burial 12-6 1926

20 UNDERTAKER: Ed B Starke ADDRESS 115 E West St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16450 ~~002~~ E 16450

CERTIFICATE OF DEATH.

12-3 122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 N. Calvert ST., 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip William Chamberlain

(a) RESIDENCE NO. 2409 N. Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Wagner Chamberlain

6 DATE OF BIRTH (month, day, and year) June 14, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex New Hampshire

PARENTS

10 NAME OF FATHER Henry Chamberlain

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Conchaita Murillo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Havana Cuba

14 Informant Mrs Ella W Chamberlain

(Address) 2409 N Calvert St

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar

C4-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1926, to Dec 3, 1926

that I last saw h live on Dec 3, 1926

and that death occurred, on the date stated above, at 1 A M m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) 2 yrs 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John R Abercrombie M. D.

(Address) 3524 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Dec 6 1926

20 UNDERTAKER	ADDRESS
John F Denny	715 Lyndhurst

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

E 16451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16451

CERTIFICATE OF DEATH.

44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Bradford ST., 7-3 WARD)

2-FULL NAME Thomas Clifton Dudrow

(a) RESIDENCE NO. 818 N. Bradford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Dudrow

6 DATE OF BIRTH (month, day, and year) Jan 11 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	10	(21)	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Water Dept. 609

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Thomas C Dudrow Sr

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Alice Bannister

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Mary Dudrow
(Address) 818 N Bradford St

15 Filed 1926 C. HAMPSON JONES, M. D.
Per RCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Dec 2, 1926.

that I last saw him alive on Dec 1, 1926

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical X-ray

(Signed) Fred Ruzicka M.D.

19 26 (Address) 800 North Bk St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Dec 6th 1926

20 UNDERTAKER Geo W. Fenton & Son

ADDRESS 511 N Wolfe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. TION is very important. See instructions on back of certificates.

C 4 - 1926

Cor.—12-9-25—A Co.—200 Bks.

E 16452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16452

CERTIFICATE OF DEATH.

90

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 315 Diamond St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Marrs

(a) RESIDENCE NO. 315 Diamond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katy Marrs

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Mast Yard

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country) Prince and Co

PARENTS

10 NAME OF FATHER Ike Marrs

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Phillis ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs L Washington

(Address) 315 Diamond St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/ 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

not known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

(Signed) Harris L Evans M. D.

(Coroner)

, 19 26 (Address) 323 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Date of Burial Dec 5/1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Pa Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 16453 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16453

CERTIFICATE OF DEATH.

17-231

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen. St. Hospital WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ennis Britton

(a) RESIDENCE NO. 807 Gedney St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER See Record

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eva Bate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant West Baltimore Gen. Hospital (Address)

15 Dec 4 1926 C. HAMPSON JONES, M. D. Registrar

Per RAH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/25, 1926, to 12/2, 1926, that I last saw her alive on 12/2, 1926, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows: Tuberculosis pulmonalis — (Tuberculosis?)

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute tuberculous pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/6/26

Was there an autopsy? Yes

What test confirmed diagnosis? Blood & autopsy

(Signed) Ennis Britton M. D.

12/2, 1926 (Address) West Baltimore Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christal Hill Va DATE OF BURIAL Dec 4/1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Cathedral

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation and cause of death is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16454

CERTIFICATE OF DEATH.

X 44 E 16454

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Esplanade Apt 13-6 St. Ward)

2-FULL NAME Johanna Bieber

(a) RESIDENCE NO. Eutaw Place & Park Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Bieber

6 DATE OF BIRTH (month, day, and year): Oct 6 1840

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	86	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER Seligman Gans

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER Beulah Hess

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Mrs M. Rosenwald

(Address) 1 Esplanade Apt 7 B.

15 Dec. 4, 1926 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1926, to Nov 3, 1926, that I last saw her alive on Nov 3, 1926, and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wash D.C.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Emil F. Mayer, M. D.

12/4. 1926 (Address) 1 Esplanade

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C. Date of Burial Dec 4 1926

20 UNDERTAKER: Hart & Goodheim ADDRESS 1811 N. Royal

DO NOT SIGN the following unless it is correct and complete. Exact statement of OCCUPATION is necessary to properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks

E 16455

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 16455

CERTIFICATE OF DEATH.

15-12

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1713 N. Monroe St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Handmaker (HANDMAKER)

(a) RESIDENCE NO. 1713 N Monroe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jetta Handmaker

6 DATE OF BIRTH (month, day, and year): June 17 1852

7 AGE

Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
44	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Ot

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Russia

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Russia

14 Informant: Herbert Handmaker

(Address): 1713 N Monroe

15 Filed ..... 19 ..... Per ..... Registrar

C4 1926 C. HARPSON BURIAL PERMIT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1926, to Dec. 4, 1926, that I last saw h.. alive on Dec. 3, 1926, and that death occurred, on the date stated above, at 12.15 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? urs

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Aut.

(Signed) Isidor J. Levin, M. D.

Dec. 1926 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Helen Friendship — Date of Burial: Dec 5 1926

20 UNDERTAKER: Davis Sondheim — ADDRESS: 1182 W Baltimore

IMPORTANT—Should be carefully prepared, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16456

31 E 16456

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 9 Bellwood Av. St. 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Earl Ferguson

(a) RESIDENCE NO. 9 Bellwood Av. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1905

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician 529

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Southern Electric Co.

9 BIRTHPLACE (city or town) _____

(State or country) Washington D. C.

PARENTS

10 NAME OF FATHER: Edward C. Ferguson

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Washington, D. C.

12 MAIDEN NAME OF MOTHER: Catherine E. Henkel

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Baltimore, Md.

14 Informant (Address) Edward C. Ferguson 9 Bellwood Ave.

15 Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3. 1926.

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1926, to Dec. 3, 1926, that I last saw him alive on Dec. 1, 1926, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

8

(duration) yrs. mos. ds.

CONTRIBUTORY —

(Secondary)

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of _____

Was there an autopsy? —

What test confirmed diagnosis? Sputum, Sputum, Sputum.

(Signed) John D. Quinn, M. D.

12/3, 1926 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk — Date of Burial 12/6 1926

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans

tion should be carefully supplied. Exact statement of OCCUPATION is
OF DEATH in plain terms, so that it may be properly classified.
very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 16457

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 16457

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1624 N Mount. St. 15-13 Ward)

2-FULL NAME Charles Savoy-

(a) RESIDENCE NO. 1624 N Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): May 18-1922

7 AGE: Years 4 Months 6 Days 14 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Ernest Savoy

11 BIRTHPLACE OF FATHER (city or town): Charles Co Md

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Barnes

13 BIRTHPLACE OF MOTHER (city or town): Charles Co Md.

(State or country)

14 Informant: Mary Savoy

(Address): 1624 N. Mount St

15 Filed ..... 19 A.....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

Signed G. C. Pleasants, M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: Dec 4 1926

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 1763 N. Carey St

tion should be carefully supplied. Any unknown OF DEATH in plain terms, so that it may be pr very important. See instructions on back of cer

-4-1926

Spec.—1-12-23—M&T—500 Bks.

Joseph V Fajman.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16458

CERTIFICATE OF DEATH.

44 E 16458

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 N Chester ST., 7-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph V. Fajman

(a) RESIDENCE NO. 836 N Chester ST, WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Fajman

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Fajman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Dorothy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Anna Fajman

(Address) 836 N Chester St

15 Filed Dec 4 1926 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1926

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1926, to Dec 2, 1926.

that I last saw h alive on Dec 2, 1926

and that death occurred, on the date stated above, at 430 PM

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Phthisis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Negative

What test confirmed diagnosis? Microscopic

(Signed) William J. Rosario M. D.

Dec 3 1926 (Address) 501 W Redwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Dec 6 1926

20 UNDERTAKER Thad Evans Son ADDRESS 1916 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16459

CERTIFICATE OF DEATH.

E 16459

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1918 Ridgewood Ave 15-11 St. Ward)

2-FULL NAME Jos Payton

(a) RESIDENCE NO. 1918 Ridgewood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/10 1895

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	31	7	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Milk Dairy Pr
(b) General nature of industry, business, or establishment in which employed (or employer) Driver
(c) Name of employer Western Md Dairy

9 BIRTHPLACE (city or town) Wilmington Del
(State or country)

PARENTS

10 NAME OF FATHER Geo. W. Payton
11 BIRTHPLACE OF FATHER (city or town) Wilmington Del
(State or country)
12 MAIDEN NAME OF MOTHER Elizabeth Boylan
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Margaret Bren
(Address) 508 Park Ave

15 Filed 12 4 1926 C. HAMPSON JONES, M. D.
For Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Accident
Over Dose of Bromal.
(Duration) yrs. mos. 6 hrs

CONTRIBUTORY (Secondary) Exhausting
(Duration) yrs. mos. 1 ds.

Dec 3/26 (Signed) C C Yates (Coroner) M. D.
19 (Address) 1436 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — Date of Burial 12/7 1926

20 UNDERTAKER George J Ruth — ADDRESS 1735 Harford Ave

tion should be carefully supplied. Age should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 16460

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002

E 16460

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 227 S. Strieker St. 19-2 Ward)

2-FULL NAME Verna M. Minghini

(a) RESIDENCE NO. 227 S Strieker St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 1, 1926

7 AGE — Years | Months | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Paul J. Minghini

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret L. Legg

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Paul J. Minghini

(Address) 227 S Strieker

15 Filed _____ 19__ Registrar

C4-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 12/3/26

17 I HEREBY CERTIFY, That I attended deceased from 12/1/26, 19__, to 12/3/26, 19__, that I last saw h__ alive on 12/2/26, 19__, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Primary Cause)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY —
(Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? — Date of ___

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Bernard J. Finn, M. D.

12/3/26 (Address) 9104 Pinehurst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dist Elliott — Date of Burial: Dec 4 19 26

20 UNDERTAKER: Harry H. Weitzel — ADDRESS: 1531 W Lombard

tion should be carefully supplied. Age should be properly classified. Exact statement of OCCUPATION is OF DEATH in plain terms, so that it may be properly classified. Certificates. very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 16461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16461

CERTIFICATE OF DEATH.

Dr. H. M. Todd
735 N. Fulton Ave

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 415 N. Belvidere St. Dec. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary H. Gill

(a) RESIDENCE NO. 415 N. Belvidere St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. E. Gill

6 DATE OF BIRTH (month, day, and year): May 3rd 1860

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
66	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): G

(State or country) Germany

PARENTS

10 NAME OF FATHER: Wm. F. Caperlitz

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Mary Hammelbaw

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Geo. E. Gill

(Address) 816 Hamilton Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926, to Dec. 2, 1926,

that I last saw h.. alive on Dec. 2, 1926,

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria-sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Homer H. Todd, M. D.

12/3/1926 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial: Dec 5 1926

20 UNDERTAKER: F. B. Wupperfurt ADDRESS: 1850 N. Gay St

C4 1926

tion should be carefully supplied. AGE should be stated in OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate

OCCUP

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16462

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1008 Patapsco St. 73-1100-001 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Millard C. Collins

(a) Residence No. 1008 Patapsco St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced: (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Aug 22nd 1920

7-AGE: 1 yrs. 3 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS:

10-NAME OF FATHER: James L. Collins

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Cambridge Md

12-MAIDEN NAME OF MOTHER: Callie R. Burton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Cambridge Md

14-

(Informant): James L. Collins

(Address): 1008 Patapsco St

15-

Filed C4-1078 Per C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec 4/26

17- I HEREBY CERTIFY, That I attended deceased from November 30 19 26. to Dec 4 19 26.

that I last saw him alive on Dec 3 19 26.

and that death occurred, on the date stated above, at 7.50 A. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Schenuit M. D

19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cambridge Md	Dec 6th 1926

20-UNDERTAKER: C. Lehlomandson

ADDRESS 1039 Hanover St

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ... instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 16463

HEALTH DEPARTMENT—CITY OF BALTIMORE

38

E 16463

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Unnamed Row St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elijah T Miller

(a) RESIDENCE NO. 16-6 N Calhoun St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6 DATE OF BIRTH (month, day, and year) not known 1846

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Standard 17

(b) General nature of industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

9 BIRTHPLACE (city or town) Va.

(State or country) Richmond

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Va.

14 Informant [illegible] Jones

(Address) 623 Pulaski St

15 Filed _____, 19____ C. HAMPSON JONES, M. D.

By _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Probable Tuberculosis Pneumonia

Central Edema

Edema Lungs

(daration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(daration) ____ yrs. ____ mos. ____ ds.

(Signed) [illegible] M. D.

(Coroner)

, 19 2, (Address) 623 Pulaski St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va Date of Burial 11/4 19 26

20 UNDERTAKER Samuel T. Hensley ADDRESS Richmond Va

tion should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C4 [illegible]

Spec.—1-10-21—M&T—1500 Bks.

E 16464 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16464

CERTIFICATE OF DEATH.

90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2604 Guilford Ave. ST. 12-3 WARD)

2-FULL NAME Alwina M. Kabernagel,

(a) RESIDENCE NO. 2604 Guilford Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 19.1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John H. Kabernagel,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie C. Yellman,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Carrie Kabernagel,

(Address) 2604 Guilford Ave. M. J.

15 Filed C. HAMPSON JONES, M. D. Registrar

DEC 4 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 9 .1924. to Dec 3 .1926.

that I last saw her alive on Dec 3 .1926.

and that death occurred, on the date stated above, at 9.40 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) I do not know. yrs. mos ds.

CONTRIBUTORY (Secondary) Persistant Vomiting

(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs.

(Signed) M. L. Ingram, M. D.

12/3. 1926 (Address) 2439 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION ~~OR REMOVAL~~ Baltimore

DATE OF BURIAL DEC 6 1926

20 UNDERTAKER Geo W Little

ADDRESS 2740 PENNSYLVANIA AVE

mation should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 16465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16465

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Bello City Hospital St. 16-7 Ward)

2-FULL NAME William Mozaris

(a) RESIDENCE NO. Bay View St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	?

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1844

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steveldore
(b) General nature of industry, business, or establishment in which employed (or employer) 17
(c) Name of employer 01

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed 1926 C. HAMPSON JONES, M. D.
Per 0881 ROW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Dec. 2. 1926

17
I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1924, to Dec 2, 1926, that I last saw him alive on Dec. 2, 1926 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis. Generalized Arteriosclerosis (Duration unknown)
Senile Gangrene of Right Foot & Leg
(duration) yrs. mos. 14 ds.

CONTRIBUTORY Terminal Bronchopneumonia
(Secondary)
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Same
Did an operation precede death? yes Date of Nov. 28, 1926
Was there an autopsy? no Physical Signs
What test confirmed diagnosis?
(Signed) Maxwell, M. D.
, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19 DEC 4 - 1926
JOHNS HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS
Commissioner Health.
Per Wm. R. Gorgas

tion should be carefully supplied. AGE should be stated in every case, even if only approximate. Exact statement of OCCUPATION is of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 16466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16466

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. Eliot Falls Way St. 6-2 Ward) 18

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME..... Forest Collins

(Residence in Baltimore: No. Last Res. 124 N. Bradford St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	Black	Married

6-DATE OF BIRTH,

..... 1..... (Month) (Day) (Year)

7-AGE. 35 yrs.....mos.....ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Unknown

PARENTS.

10-NAME OF FATHER. do

11-BIRTHPLACE OF FATHER, (State or Country). do

12-MAIDEN NAME OF MOTHER. do

13-BIRTHPLACE OF MOTHER, (State or Country). do

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Vernell Collins

(Address) 130 N. Bond St

15- Filed 1926 C. HAMPSON JONES, M. D. Per 192 RRH Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 15 192 6
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(Duration) ..... yrs. 1 mos. ..... ds.

(Signed) John M. Kemler M. D.
(Coroner)

10 1 192 6 (Address) 7 W. Eager St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
JOHNS HOPKINS HOSPITAL	..... 19 ..

20-UNDERTAKER. Commissioner Health ADDRESS DEC 2 - 1926

0839 THE MORGUE.

Asst. Wm. F. WOODALL

4 - 1926

NOTE—Every item of information must be given, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 16467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 16467

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Found rear of 400 block Edwards St., 5-W Ward)

2-FULL NAME Unknown

(a) RESIDENCE NO. " St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): "

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 35				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Northern Police Dept

(Address)

15 Filed _____ 19____ Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis & Nephritis

(Autopsy by Dr. McCleary)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Patterson M. D.

(Coroner)

12/2/25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

Commissioner Health

THE MORGUE.

JOHNS HOPKINS HOSPITAL DEC 1 - 1925

If not buried, cremated or removed, within 24 hours after death, the Undertaker must report the case to the Health Department.

If the Coroner is notified, he will fill out and sign this certificate.

DEC 4 1925 C. HAMPSON JONES, M. D.

0840

(Registrar)

AGE should be carefully supplied. PHYSICIANS should state in OCCUPATION is DEATH in plain terms, so that it may be properly classified. Exact statement of very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16468

CERTIFICATE OF DEATH.

101-001

E 16468

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2500 Lemmon St., 16 Ward)

2-FULL NAME Christian Hartman

(a) RESIDENCE NO. 5004 Bloomfield St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) March 5 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Laurence Hartman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schwartz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Caroline Hartman

(Address)

15 Filed ..... 19.....

C. HAMPSON JONES, M. D.
Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Chronic Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Old age

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.
(Coroner)

, 1926 (Address) 232 E. Fall, Pikesville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial 12/5 1926

20 UNDERTAKER Leber & Leber ADDRESS 483 S. Fremont Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C4 - 1976

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 16469

CERTIFICATE OF DEATH.

E 16469

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 128 W. Fort Ave. St., 23-2 Ward)

2-FULL NAME Mary G. Kimball

(a) RESIDENCE NO. 128 W. Fort ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Thomas Kimball

6 DATE OF BIRTH (month, day, and year) Mar 30 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	54	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Wm. J. Murphea

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Va.

12 MAIDEN NAME OF MOTHER Catherine Oliver

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant John T. Kimball

(Address) 128 W. Fort Ave

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar

C4 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec. 3. 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 30 19 26 to Dec 3 19 26

that I last saw h alive on Dec 3 19 26

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed H. L. Campbell, M. D.

Dec 4. 1926 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Cross Cem a.a.	Dec. 7 1926
20 UNDERTAKER Margaret S. Flynn	ADDRESS 1422 Light St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16470

CERTIFICATE OF DEATH.

177 E 16470

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1286 Riverside ave St. 24-1 Ward)

2-FULL NAME Thomas L. Freed

(a) RESIDENCE NO. 1286 Riverside ave St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Freed

6 DATE OF BIRTH (month, day, and year): Oct. 3. 1879

7 AGE: Years 55 | Months 2 | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Penna.

(State or country)

PARENTS

10 NAME OF FATHER: Michael Freed

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Penna

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Pa.

(State or country)

14 Informant: Mrs. Mary Freed

(Address) 1286 Riverside ave

15 Filed 12-6 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec 3 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1926, to Dec 3, 1926, that I last saw h.. alive on Dec 3, 1926, and that death occurred, on the date stated above, at 12.40a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) 2 yrs. ___ mos. 1 hr

CONTRIBUTORY (Secondary) Acute Lobar Pneumonia

(duration) ___ yrs. ___ mos. 2 days

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Hitchcock, M. D.

12/7, 1926 (Address) 1279 Indiana

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: Dec. 6 1926

20 UNDERTAKER: Margaret A. Flynn ADDRESS: 1422 Light St.

FC 4 1926

P. S.—[illegible] tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 16471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43 E 16471

1-PLACE OF DEATH

City of BALTIMORE: (N. or S.) Baltimore City Hospital (E. or W.) 18-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joe Richardson

(a) RESIDENCE NO. 1240 West Bolt St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Fannie Richardson

6 DATE OF BIRTH (month, day, and year): Feb. 10 / 1866

7 AGE: Years 60 | Months 9 | Days 22 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver Z Team

(b) General nature of industry, business, or establishment in which employed (or employer): 023

(c) Name of employer: Baltimore City

9 BIRTHPLACE (city or town): Maryland.

(State or country)

PARENTS

10 NAME OF FATHER: William E. Richardson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Alva Lee

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Isaac F. Richardson

(Address) 3048 Stafford St

15 Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 2. 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1926 to Dec. 2, 1926, that I last saw him alive on Dec. 2, 1926, and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Floor of mouth

about one year duration

Diabetes Mellitus duration

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Laboratory

(Signed) Wm Blaycock, M. D.

, 19 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill (Cemetery) Date of Burial 12/6 1926

20 UNDERTAKER: W M Cook

ADDRESS 502 E Pratt

C4 1926 RKB

R.—WRITE PLAINLY. PHYSICIANS should state CAU... tion should be carefully supplied. AGE should be state... OF DEATH in plain terms, so that it may be properly ... very important. See instructions on back of certificate. ... stated EXACTLY. ... properly classified. Exact statement of OCCUPATION is ... ificates.

Spec.—7-17-26—A Co.—200 Bks.

E 16472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99 E 16472

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1714 Windemere Ave St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Columbia E. Myers

(a) RESIDENCE NO. 1714 Windemere Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas F. Myers

6 DATE OF BIRTH (month, day, and year): Apr 7, 1851

7 AGE: Years 75 Months 7 Days 26 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Arthur Ames

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant: Ethel x Hallmann

(Address) 1714 Windemere Ave

15 Filed DEC 4 1926

16 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1926, to Dec 3rd 1926, that I last saw her alive on Dec 3rd 1926, and that death occurred, on the date stated above, at 12 15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 6 yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Oedema of Lung

(duration) 0 yrs. 0 mos. 1 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus C. Dohme, M. D.

12/3/1926 (Address) 3014 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

Date of Burial: Dec 6 1926

20 UNDERTAKER: H. A. Cook

ADDRESS: 502 E Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 lbks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16473

E 16473

CERTIFICATE OF ~~DEATH~~

REGISTERED NO. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Place St. Wall St Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac D. Layman

(a) RESIDENCE NO. Hopkins Place & Wall St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Layman

6 DATE OF BIRTH (month, day and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65 about			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Marie A. Gregor

(Address) 3813 Forest Park Ave

15 Filed DEC 4 1926, 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2, 1926

I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilatation

Acute Edema of Lungs

Chr. Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ~~Pneumonia~~

(duration) yrs. mos. ds.

(Signed) [illegible] M. D.

(Coroner)

, 19 26 (Address) 1637 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ~~yrs.~~ mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Cem Wash Co. Date of Burial 12/6 1926

20 UNDERTAKER Wm Cook ADDRESS 502 E 40th

WRITE PLAINLY.—PHYSICIANS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 16474

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16474

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Motherhouse of Notre Dame ST. 10-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dula Behrens

(a) RESIDENCE NO. Linguista St and Ashland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct-11-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Behrens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dula Strotman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sister Mary Winnifred (Address) Notre Dame Linguista St City

15 Filed DEC 4 - 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-3-1926

17

I HEREBY CERTIFY, That I attended deceased from July-20-, 1926, to Dec-3-, 1926, that I last saw her alive on Dec-3-, 1926, and that death occurred, on the date stated above, at 8. A-m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis
Arterio Sclerosis
Edema lungs

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical signs

(Signed) S. J. Finley, M. D.

Dec 3. 1926 (Address) 410 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Notch Cliff Md.	Nov 6 1926
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 E. Fay

N. B.—WRITE PLAINLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16475

CERTIFICATE OF DEATH

E 16475

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 826 S. Port St., 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Eberling

(a) RESIDENCE NO. Stemmers Run Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Eberling

6 DATE OF BIRTH (month, day, and year): Dec. 19th 1855

7 AGE — Years: 70 — Months: 11 — Days: 13 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hesse Darmstadt Germany

PARENTS

10 NAME OF FATHER: Jacob Gilbert

11 BIRTHPLACE OF FATHER (City or town) (State or country): Hesse Darmstadt Germany

12 MAIDEN NAME OF MOTHER: Christina Crossmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hesse Darmstadt Germany

14 Informant: George Eberling

(Address): Stemmers Run Md.

15 Filed DEC 4 1926 19 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 2nd 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1926 to Dec 2 1926, that I last saw her alive on Dec 2 1926, and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Grippal

(duration) — yrs. — mns. 9 ds.

CONTRIBUTORY (Secondary): Cardiac insufficiency

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettigrew, M. D.

(Address) 817 Hamilton Terr.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Zion Lutheran Cemetery — Date of Burial: Dec 5th 1926

20 UNDERTAKER: Frederick Fossa... + Sons — ADDRESS: Fullerton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Cause stated EXACTLY. PHYSICIANS should state CAUSE tion should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16476

CERTIFICATE OF DEATH.

× 90 E 16476

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Mens Home ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert W. Stone

(a) RESIDENCE. No. 1400 W Lexington ST., WARD. Frederick Md.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Wht	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 18, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick
(State or country) Md

PARENTS

10 NAME OF FATHER Edwin Stone

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Penna.

12 MAIDEN NAME OF MOTHER Adelaide Thomas

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penna

14 Informant Mrs Forrest Uptown
(Address) 400 W Lexington

15 Filed DEC 7 1926, 19 C. HAMPSON JONES, M. D. Registrar
Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and y Dec 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 19 26, to Dec 4, 19 26,
that I last saw h alive on Dec 3, 19 26,
and that death occurred, on the date stated above, at 4. A m.
The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Norwood, M. D.
Dec 4/26, 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick Md	Dec 6 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins St

be stated EXACTLY. PHYSICIANS should state
be properly classified. Exact statement of OCCUPA-
of certificates.

mation should be carefully supplied. AGE should be
CAUSE OF DEATH in plain terms, so that it may be
TION is very important. See instructions on back of

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16477

CERTIFICATE OF DEATH

46 E 16477

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 Woodlea Ave. ST. Gardenville 27-13 WARD)

2-FULL NAME Emma E. Solloway

(a) RESIDENCE No. 34 Woodlea Ave. ST. ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of: John Solloway

6 DATE OF BIRTH (month, day, and year): Oct 20 1894

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John H. B...

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): John Solloway 34 Woodlea Ave

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

DEC 5 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Dec 3, 1926, that I last saw h[illegible] alive on Dec 3, 1926 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Exhaustion - Tox. ...

(duration) ... yrs. ... mos ... ds

CONTRIBUTORY (Secondary): Carcinoma of Uterus

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Smith, M. D.

19 (Address) 4 W. Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Park Wood	Dec 6 1926
20 UNDERTAKER: John J. Fulde 1200 N. Lombard	ADDRESS

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16478

CERTIFICATE OF DEATH.

REGISTERED No. E 16478

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., Ward)

2-FULL NAME Gussie London

(a) RESIDENCE NO. 2821 Hebbardale Ave St. 930 Dekalb ave Brooklyn N Y Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~ yrs. 13 mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kalman London

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Meat

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Poland

(State or country)

PARENTS

10 NAME OF FATHER: Jacob Reinhack

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Unkam

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Poland

14 Informant: K. London

(Address) 930 Dekalb ave Brooklyn N Y

15 Filed DEC 5 - 1926 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-4-1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 19 26, to Dec 4, 19 26,

that I last saw h.. alive on Dec 4, 19 26,

and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary): Cardiac Hypertrophy-dilatation; Arteriosclerosis; Chronic nephritis; Edema of lungs

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) Harry Weintraub, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cemetery Date of Burial 12/5 19 26

20 UNDERTAKER: Jacob Lewis ADDRESS 1429 Eutaw St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should state CAUSE OF DEATH stated EXACTLY. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16479

CERTIFICATE OF DEATH.

101-001

E 16479

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Light St. ST. 24-1 WARD)

2-FULL NAME Sadie R. Corson

(a) RESIDENCE NO. 1411 Light St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of John, Mc. Corson

6 DATE OF BIRTH (month, day, and year) July, 15, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in whieb employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Jercey Shore P. A.

PARENTS

10 NAME OF FATHER James D. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jercey Shore P. A.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jercey Shore P.A.

14 Informant Mrs George Pemberton (Address) 1411 Light St.

15 Filed DEC 3 - 1926 K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 28th, 1926, to Dec 2nd 1926, that I last saw her alive on Dec 1st 1926, and that death oecurred, on the date stated above, at 2 1/2 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Harry Heibel M.D.

12/2 1926 (Address) 1324-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon, Park.

DATE OF BURIAL 12/6 1926.

20 UNDERTAKER Chas L. Stevens

ADDRESS 1501 Fort

mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16480

CERTIFICATE OF DEATH.

31 E 16480

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 E. Heath ST. 73-2 WARD)

2-FULL NAME Clara E. Hawkins

(a) RESIDENCE No. 44 E. Heath ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 7 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INK. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. E. Hawkins

6 DATE OF BIRTH (month, day, and year): Apr. 18- 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Saml H. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Mr. Chas E. Hawkins 44 E. Heath

15 Filed DEC 5 1926 C. HAMPSON JONES, M. D. Registrar K.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-3 1926

17

I HEREBY CERTIFY, That I attended deceased from April 10, 1926, to Dec 3, 1926,

that I last saw h alive on Dec 3, 1926

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis (duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) 1 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) J. F. Hawkins, M. D.

(Address) 1 E Read St. 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: 12/6 1926

20 UNDERTAKER: J. Fen McCully — ADDRESS: 130 E. Fay

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16481

CERTIFICATE OF DEATH.

31 E 16481

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Ramsay ST. 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jos. G. Heisel Jr.

(a) RESIDENCE No. 1411 Ramsay ST., 19 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Augusta Heisel

6 DATE OF BIRTH (month, day, and year) Oct 25 - 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 163

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A. Boemmel

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER J. D. A. Heisel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Reber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Augusta Heisel

(Address) 1411 Ramsay St

15 Filed DEC 5 - 1926, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3, 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/23/26, 19 to Dec 3, 1926.

that I last saw him alive on Dec 3, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Asthenia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulm. Tb.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) F. H. Wentworth, M. D.

(Address) 325 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 12/6, 1926

20 UNDERTAKER Geo Lembach & Son

ADDRESS 647 W Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state AGE should be carefully supplied. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16482

CERTIFICATE OF DEATH.

129 E 16482

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 212 N. Eden St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine P. Chester

(a) RESIDENCE NO. 212 N. Eden St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jesimiah Chester

6 DATE OF BIRTH (month, day, and year) 1873.

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
53 ~~1873~~	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Lamed Bond

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Port a Prince Haytia

12 MAIDEN NAME OF MOTHER Josephine Myers

13 BIRTHPLACE OF MOTHER (city or town) Balt

(State or country) Maryland

14 Informant Hazel Edmonson

(Address) 922 N. Middle East

15 Filed DEC 5 - 1926 19 H. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 19 26

17 I HEREBY CERTIFY, That I attended deceased from April 7 19 26 to Dec 2 19 26, that I last saw h.. alive on Dec 2 19 26, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Leucocytosis

Mitral Regurgitation

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? ~~Ordered~~ no

What test confirmed diagnosis? Clinical

(Signed) Bernard Harris, M. D.

19 (Address) 385 Cardiff St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial Dec 6 1926

20 UNDERTAKER Mrs Chas E. Bailey ADDRESS 1121 Jefferson St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16483

CERTIFICATE OF DEATH.

17° E 16483

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1620 N. Montford Ave St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME F. August Stange

(a) RESIDENCE NO. 1620 N. Montford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Augusta W. Stange

6 DATE OF BIRTH (month, day, and year) Sept 24/1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cooper
(b) General nature of industry, business, or establishment in which employed (or employer) Interocean Export
(c) Name of employer Oil Co

9 BIRTHPLACE (city or town)
(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Detrick Stange

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Freedel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Augusta Stange
(Address) 1620 N. Montford Ave

15 Filed 19 C. HAMPSON JONES, M. D.
DEC 5 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 3/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pistol Shot Wound Right Temple
Suicide
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Ill Health
(duration) yrs. mos. ds.

(Signed) J. Edw Paul, M. D.
(Coroner)
12/3/25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Dec 6 1925

20 UNDERTAKER Robt J Turner & Sr ADDRESS 1447 E Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16484

CERTIFICATE OF DEATH.

31 E 16484

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Friendsbury ST. 15-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H Sands

(a) RESIDENCE NO. 1613 Friendsbury ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. ... mos. 4 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 28. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Lawrence Sands

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary White

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Felix Sands
(Address) 1613 Friendsbury

15 Filed DEC 5 1926 . 19 ... Per ... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 28 . 1926 . to Dec 2 . 1926.

that I last saw him alive on Dec 2 . 1926.

and that death occurred, on the date stated above, at 7.35 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) ... yrs. 6 mos ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred B Jewett, M. D.

. 19 (Address) 2516 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Dec 6 1926

20 UNDERTAKER Robt J Turner Gro — ADDRESS 1443 N. Broadway

P. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

E 16485

CERTIFICATE OF DEATH.

E 16485

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Eden ST., 27-9 WARD)

2-FULL NAME John H. Archer

(a) RESIDENCE NO. 720 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred B. Nelson

6 DATE OF BIRTH (month, day, and year) Feb 2nd 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Operator Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer

9 BIRTHPLACE (city or town) New York City
(State or country)

PARENTS

10 NAME OF FATHER Stewart Archer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ark.

12 MAIDEN NAME OF MOTHER Sarah Magee

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Arkansas

14 Informant Mrs Sybil Archer
(Address) 720 N. Eden Ave. C. HARRIS JONES, M. D.

15 Filed DEC 5 1926 K.E. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1926, to Dec 4, 1926,

that I last saw h/m alive on Dec 4, 1926,

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Rheumatic fever

2nd attack with certainty 2 wks
Probably much longer
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Endocarditis (duration) Same time yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination Blood counts + throat Blood culture + throat plates - negative

(Signed) C. Harris Jones, M. D.

Dec 4, 1926 (Address) 12 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Churchville Cem Pa	Dec 6 1926
20 UNDERTAKER	ADDRESS
Henry H. Perkins & Sons	McCulloh & Oakland

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state AGE, should be carefully supplied. AGE should be stated EXACTLY. mation should be carefully classified. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

Size 12-23-21—E.B.R.S.—400 Blks.

E16486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16486

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1609 E. Biddle St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Ernest Rutherford Correll

(a) Residence No. 1609 E. Biddle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	Married, Widowed or Divorced. (Write the word.)
male	white	Married

5a-If married, widowed or divorced HUSBAND of (or WIFE of) Emma Clarke Correll

6-DATE OF BIRTH (month, day and year) May. 31. 1885

7-AGE.	If LESS than 1 day.
41 yrs. 6 mos. 3 ds.	....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer): Cakes & Bakery

(c) Name of employer: National Biscuit Co.

9-BIRTHPLACE (city or town): Baltimore
(State or Country): Maryland

PARENTS.

10-NAME OF FATHER: George W. Correll

11-BIRTHPLACE OF FATHER (city or town): Harford Co.
(State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Mary E. Robertson

13-BIRTHPLACE OF MOTHER (city or town): Baltimore
(State or Country): Maryland

14-
(Informant): Emma Clarke Correll
(Address): 1609 E. Biddle St.

15-
Filed DEC 5 1926
C. HAMPSON JONES, M. D.
Registrar.
Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 3, 1926

17- I HEREBY CERTIFY, That I attended deceased from Mar 15, 1926 to Dec 3, 1926.

that I last saw h[illegible] alive on Dec 2nd, 1926.

and that death occurred, on the date stated above, at 9:50 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

12/4, 1926 (Address) 846 W 36th St - Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Dec. 6. 1926

20-UNDERTAKER.	ADDRESS
Hughes & Hughes	434 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK. CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—600 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16487

CERTIFICATE OF DEATH.

E 16487
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH at Home.

CITY OF BALTIMORE: (No. 1406 E. Oliver St. WARD 8-3)

2-FULL NAME Daniel E. Lynch.

(a) RESIDENCE No. 1406 Oliver St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T. Lynch.

6 DATE OF BIRTH (month, day, and year) Mar 7-185[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Statistical Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) Clerical -

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Daniel Lynch.

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Carr.

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Margaret L. Lynch (sister). (Address)

15 Filed DEC 6 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/3 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec , 1926, to Dec 3 , 1926.

that I last saw her alive on Dec 3 , 1926

and that death occurred, on the date stated above, at 7-15 p m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis -

Chronic cardiac

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 1 hr ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Clement R. Worme, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Cem. Long Green Balto Co. md

DATE OF BURIAL 12/6 1926

20 UNDERTAKER Chas F. Kraus & Son

ADDRESS 1180 W. Royal Ave

NB. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16438 × 43 E 16488

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Chancery St. 12-1 WARD)

2-FULL NAME William Dandridge Alexander Junkin

(a) RESIDENCE NO. Los Angeles, Cal ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Electa Junkin

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	51	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Danville
(State or country) Kentucky

PARENTS

10 NAME OF FATHER William Finney Junkin

11 BIRTHPLACE OF FATHER (city or town) Easton
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Anna Aylett Anderson

13 BIRTHPLACE OF MOTHER (city or town) Fincastle
(State or country) Virginia

14 Informant (Address) John B. Latané 210 Chancery St.

15 Filed DEC 6 - 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1926

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1926, to Dec 5, 1926, that I last saw h~~is~~ alive on Dec 1, 1926, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Epithelioma floor of mouth and tongue

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Removal of growth

Did an operation precede death? Yes Date of July 1926

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Grant E. Ward., M. D.

, 19 (Address) 1418 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lexington Virginia	Dec 6 1926
20 UNDERTAKER	ADDRESS
W. J. Jenkins & Co	Eutaw & Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 16489 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 16489**

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 St Paul St. 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Hopkins

(a) RESIDENCE NO. 2121 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H.A. Hopkins

6 DATE OF BIRTH (month, day, and year) Oct 22 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Onancock Accomac Co, Va.

PARENTS

10 NAME OF FATHER Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) Onancock (State or country) Accomac Co Va.

12 MAIDEN NAME OF MOTHER Nancy Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Accomac Co Va

14 Informant Harry A. Hopkins (Son) (Address) 539 West 112th St NY City

15 Filed DEC 6 1926, 19 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3rd 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1- 19 26 to Dec 3rd 19 26.

that I last saw h W alive on Dec 3rd 19 26.

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert L. Lindsell, M. D.

12/5, 19 (Address) 2112 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Onancock Va	Dec 6 1926
20 UNDERTAKER Robert Brooks & Son	ADDRESS Calhoun Hollins sts

N. B.—WRITE PLAINLY, WITH UNFADING INK—PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

See Letter on file from Dr Lawrence W Smith

E 16490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16490

CERTIFICATE OF DEATH.

141

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 17-1 WARD)

2-FULL NAME Lottie Bezsicks

(a) RESIDENCE No. 1327½ Myrtle Ave. ST., ... WARD 11th

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1-12-1875

6 DATE OF BIRTH (month, day, and year) 1-12-1875

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
~~51~~ 50	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Hutchens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 6 - 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec), 1926, to Dec 3, 1926,

that I last saw h... alive on Dec 3, 1926,

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Post Operation shock and Anuria following Watkins interposition Operation and Amputation of Cervix.

(duration) ..... yrs. ..... mos 9 ds.

CONTRIBUTORY (Secondary) Anuria

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Johns Hopkins Hospital,

Did an operation precede death? Yes Date of Dec 1 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Blood chem. B. P.

(Signed) Lawrence W Smith, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Md.	Dec 6 1926
20 UNDERTAKER Leonard Straler	ADDRESS 3 Myrtle Ave

HAMILTON JONES, M. D.

P.C.

IMPORTANT: AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16491

CERTIFICATE OF DEATH.

9° E 16491

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Cecil Avenue ST., 9-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Virginia McNulty

(a) RESIDENCE NO. 2204 Cecil Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Jan. 24, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry W. McNulty

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Georgianna Bond

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Henry W. McNulty
(Address) 2204 Cecil Avenue

15 Filed DEC 6 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-2 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/1, 1926, to 12/2, 1926, that I last saw h[illegible] alive on 12-1 1926 and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Frame, M. D.

12/3 1926 (Address) 1739 E. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 12/6 1926

20 UNDERTAKER Henry U. Myers & Son

ADDRESS Mas. Ave & Calvert

A. B.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16492

E 16492

100-201

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1819 N Wolf St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas B Trimble

(a) RESIDENCE NO. 1819 N Wolf St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ida F Trimble

6 DATE OF BIRTH (month, day, and year): Sept 29 1862

7 AGE: Years 64 Months 2 Days 4 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Miller

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Thomas B Trimble (Address) 1819 N Wolf St

15 Filed ..... 19 ..... Registrar

DEC 5 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1926, to Dec 3, 1926, that I last saw him alive on Dec 3 - 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(duration) yrs. mos 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj S Hanfen M. D.

12/4/1926 (Address) 1216 N. Caroline St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Natore of Injory, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Dec 6 1926

20 UNDERTAKER: Chenowith Son — ADDRESS 3617 Chestnut

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16493

CERTIFICATE OF DEATH

E 16493

REGISTERED NO. 129

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3613 Chestnut Ave. St.) 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Sprigle

(a) RESIDENCE NO. 3613 Chestnut Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alvertia Sprigle

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired & farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pa.

(State or country)

PARENTS

10 NAME OF FATHER John Sprigle

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant John Fisher

(Address) 3613 Chestnut ave.

15 Filed DEC 6 1926 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1926. to Dec. 4, 1926.

that I last saw him alive on Dec 4, 1926.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

Arteriosclerosis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY Arteriosclerosis

(Secondary) Chronic Interstitial Nephritis

..... (duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Frank H. Wade, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Linboro Md.

20 UNDERTAKER Chenoweth & Son

Date of Burial Dec 7, 1926

ADDRESS 3617 Chestnut Ave

Spec.–7-17-26—A Co.—200 Bks.

Dr Duncan
Yorke Rd
5106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16494 REGISTERED NO. E 16494

1-PLACE OF DEATH

City of BALTIMORE: (No. 1002 Beaumont Ave. St., 27 Govans Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis E Ruf

(a) RESIDENCE NO. 1002 Beaumont Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Ruf

6 DATE OF BIRTH (month, day, and year): July 17 1851

7 AGE — Years: 75 Months: 4 Days: 18

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inspector

(b) General nature of industry, business, or establishment in which employed (or employer): Govt

(c) Name of employer: Govt Elect Co

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Ruf

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Emeline Rutter

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Mrs Edw Ruf

(Address) 1002 Beaumont Ave

15 Filed ..., 19 ... Registrar

DEC 6 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 5, 1926, that I last saw him alive on Dec 4th, 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Augma Pectoris

(duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary): Age & Infirmities

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

Dec 5. 19 26 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — Date of Burial: Dec 7 1926

20 UNDERTAKER: H. Cook — ADDRESS: 502 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

Cor.—12-9-25—A Co.—200 Bks.

E 16495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16495

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced dead on Arrival at Franklin Sq. Hospital

REGISTERED NO. 3766

City of BALTIMORE: (No. ... St. ... Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Humpel

(a) RESIDENCE NO. Garrison Ave & Franklin St

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — — 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
abt	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER Henry Humpel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant G. H. Henderson

(Address) Rochester, N.Y.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, and Inquest

.....find that said deceased came to ... death

(autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) Thos. B. Hodson M. D.

(Coroner)

Dec 5 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden — Date of Burial 12/6 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E Nort

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—I-10-21—M&T—1500 Bks.

E 16496

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16496

CERTIFICATE OF DEATH

1-PLACE OF DEATH Md. Gen. Hosp. 101-00

CITY OF BALTIMORE: (No. 13-b ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Mike Alexander

(a) RESIDENCE NO 862 W. Mo're ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mike Alexander

6 DATE OF BIRTH (month, day, and year) 3-27 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectioner 014

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Europe

PARENTS

10 NAME OF FATHER Mike Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Eleeny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant Mr Mike Alexander (Address) 862 W. Mo're.

15 Filed 12-6-1926 H. HAMILTON BOWIE, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-4 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-29, 1926, to 12-4, 1926 that I last saw him alive on 12-4 1926 and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis Fracture Left Hip

Contributory Pneumonia

(duration) yrs. mos 6 days

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 11-30-26

Was there an autopsy? No

What test confirmed diagnosis? X-ray + Clinical

(Signed) C. E. Summerfield, M. D.

, 19 (Address) Md. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Dec 7 1926

20 UNDERTAKER W. Cook — ADDRESS 502 E North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16497

REGISTERED NO. E 16497

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 466 E. Cross ST., 24th WARD)

2-FULL NAME Howard E. Gibson

(a) RESIDENCE NO. 466 E. Cross St ST., 24th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Margaret Gibson

6 DATE OF BIRTH (month, day, and year) Sept 5, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Self.

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Alexander Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Margaret Gibson (Address) 466 E Cross St.

15 Filed . 19 DEC 6 1926 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Dec 4, 1926, that I last saw him alive on December 4, 1926, and that death occurred, on the date stated above, at 10 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

Dec 5, 1926 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 12/7 1926

20 UNDERTAKER Mc Cook

ADDRESS 502 E. Lex St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

E 16498

REGISTERED E 16498

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Forsyth

(a) RESIDENCE NO. 1601 Clifton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-18-1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Virginia

(State or country)

PARENTS

10 NAME OF FATHER Revel Alisley

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Jane Curtis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Geo. B. Forsyth

(Address) 1601 Clifton Ave

15 Filed....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 4, 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 5 - 1926 to Dec. 4, 1926 that I last saw h[illegible] alive on Dec. 4, 1926 and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion Last Seen Alive Fell with Metrorrhagia

(Duration) mos. ds.

CONTRIBUTORY (Secondary) Senile Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible] M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery Date of Burial 12/7 1926

20 UNDERTAKER Wm Cook ADDRESS 502 Park

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REGISTERED [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16499

E 16499

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Harrison ST. 10th WARD)

REGISTERED NO. 161-006

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Louis Hobler

(a) RESIDENCE NO. 206 Harrison ST. 10th WARD

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 10 hrs ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): 12/31/26

7 AGE — Years — Months — Days — If LESS than 1 day, 10 hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William J. Hobler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Emma Hensel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: William J Hobler
(Address): 206 Harrison St

15 Filed: 1926, 19 — Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/4 1926

17 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___.

that I last saw h___ alive on ___, 19___,

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Premature - Twin gestation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) R. Heller Hennessy M. D.

12/4 1926 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Sepulchre

DATE OF BURIAL: Dec 6th 1926

UNDERTAKER: F. B. Wiglesworth

ADDRESS: 1850 N. Bond St

DEC 6 1926 C. HAMPSON JONES, M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16500
1-PLACE OF DEATH

124

REGISTERED NO. E 16500

CITY OF BALTIMORE: (No. University Hospital St. 25-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Reinhard.

(a) RESIDENCE NO. 2555 Fredrick Ave ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., If of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Lena Reinhard

6 DATE OF BIRTH (month, day, and year) Jan 29, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	5.	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Lena Reinhard
(Address) 2555 Fredk. Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 4, 1926
that I last saw him alive on Dec 4, 1926
and that death occurred, on the date stated above, at 4.30 P m.
The CAUSE OF DEATH* was as follows:

Ac. Cholecystitis 3 mos.
Peritonitis 5 days.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? None
(Signed) Edgar P Miller M. D.
, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec: 8, 1926
20 UNDERTAKER C. W. Dill	ADDRESS 3109 Fredk: Ave:

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 6 1926 C. HAMPSON JONES, M. D.

Spec. 12-9-25 A Co—200 Pds.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16501

129

REGISTERED **E 16501**

1-PLACE OF DEATH

City of BALTIMORE: (No. 3461 Cedar Ave St 13-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice V. Shanklin

(a) RESIDENCE NO. 3461 Cedar Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Shanklin

6 DATE OF BIRTH (month, day, and year) May 21 1867

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER James S. Burgess

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Co.

12 MAIDEN NAME OF MOTHER Caroline Burgess

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Co.

14 Informant William J. Shanklin

(Address) 3461 Cedar Ave

15 Filed DEC 6 1926 19

C. THOMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Dec 3.

17

I HEREBY CERTIFY, That I attended deceased from Sept 15 1926, to Dec 3rd 1926,

that I last saw her alive on Dec 2nd. 1926,

and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation and chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thos Dunwoody M. D.

12/3, 1926 (Address) 846 W 36 Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerry Hall. Balto Co. Date of Burial Dec 6 1926

20 UNDERTAKER Mrs. John W. Teufel & Son ADDRESS 301 W Fayette St.

OF DEATH in plain terms, so that it may be readily understood. Use no abbreviations. Every question must be answered. Physicians are required to report the cause of death in every case. Omissions will cause unnecessary correspondence and delay. Certificates very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 16502

E 16502

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE. (No. 807 S Streeper St., 1-3 Ward)

2-FULL NAME Marianna Pozniak

(a) RESIDENCE NO. 807 S. Streeper St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walenty Poznaniak

6 DATE OF BIRTH (month, day, and year): Unknown 1883

7 AGE: Years 43 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Poland

PARENTS

10 NAME OF FATHER Stoczinski

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Poland

14 Informant Walenty Poznaniak

(Address) 807 S Streeper St

15 Filed _____ 19___ C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1926, to Dec 3, 1926, that I last saw h.. alive on Dec. 3, 1926, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

3

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) E. L. Pearsyne, M. D.

Dec 4, 1926 (Address) 514 Dumbarton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. Date of Burial 19 26

20 UNDERTAKER: J. H. Ozarowski ADDRESS 1930 Eastern

Dec 6 1926

Caution should be carefully supplied. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

185 E 16503

E 16503

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Heubel.

(a) RESIDENCE NO. 502 N Rose St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Heubel.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER John Heubel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Caroline Heubel

(Address) 502 N Glover St

15 Filed 1-5 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1926, to Dec. 4, 1926

that I last saw him alive on Dec. 4, 1926

and that death occurred, on the date stated above, at 6:15 a.m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis & Senility

Contusion of Abdomen Unknown How

Fracture Neck of Left Femur.

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death? Home (see opposite side)

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Surg. Diag.

What test confirmed diagnosis?

(Signed) [illegible], M. D.

. 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem. Date of Burial 12/7 1926

20 UNDERTAKER John Ulrich ADDRESS 2-8 Ellam

don should be carefully supplied. Exact statement of OF DEATH in plain terms, so that it may be properly cl very important. See instructions on back of certificates.

DEC 5 1926 H. M. JONES, M. D.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16504

REGISTERED NO. 90 E 16504

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St., 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Conway Cox

(a) RESIDENCE NO. 620 N. Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married. Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leonora Cox

6 DATE OF BIRTH (month, day, and year) Nov 26-1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
66	65		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman - Oil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country) Virginia

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Va.

14 Informant City Hospitals Records

(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

C6 - 1626 R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1926

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1926, to Dec. 5, 1926

that I last saw h.. alive on Dec. 5, 1926

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis - chronic & acute arteriosclerosis. Hypertension Hemiplegia - right.

(Duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? General appearance

(Signed) C. Wilmer Boyd M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem — Date of Burial 12/7/1926

20 UNDERTAKER John Leerich — ADDRESS 21 E Preston St

tion should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16505 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-002

E 16505
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Vermont Ave ST. 28-5 WARD)

2-FULL NAME Elizabeth Babara Eirich

(a) RESIDENCE NO. 4213 Vermont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ✓ mos. ✓ ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Eirich

6 DATE OF BIRTH (month, day, and year) Oct. 15th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Unionville, Ohio

PARENTS

10 NAME OF FATHER Conrad Nicol

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Boerger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rev. Richard Eirich
(Address)

15 Filed DEC 6 1926 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926, to Dec 5, 1926,

that I last saw h alive on Dec 4, 1926,

and that death occurred, on the date stated above, at 4.55 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Jones M. D.

12/5/26 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Immanuel Cemetery	12/7 1926
20 UNDERTAKER	ADDRESS
Louis Heemann	312 S. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviations must not be used. Information is very important. See instructions on back of certificates.

Spec.–12-23-21–E.B.R.S.–400 Bks.

E 16506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16506

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE. (No.) St. Mary's Ave & Elsar Rd. Ward 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Elinora Fischer

(a) Residence No. St. Mary's Ave & Elsar Rd. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 22/1922

7-AGE. 4 yrs. 5 mos. 12 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None

(b) General nature of industry, business, or establishment in which employed (or employer)..... 11

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Jas. Edwd Fischer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. Md

12-MAIDEN NAME OF MOTHER, Alma E. Bookhultz

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto. Md.

11- (Informant) Jas. E. Fischer

(Address) St Mary Ave Carroll Park

15- Filed DEC 6 - 1926 C. HOMPSON JONES, M. D. Registrar. RSC

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 4-1926

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1926 to Dec. 4th 1926

that I last saw her alive on Dec. 4th 1926

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

probably 4 (Duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Heart Clot

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) C. L. Nuckols M. D.

, 19 (Address) 130 S. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olivet Cemetery Dec. 7, 1926

20-UNDERTAKER. George L. Lohmeyer ADDRESS 2101 Eutaw Ave.

in plain terms, so that it may be properly classified. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

1970 8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Ė 16507

Ė 16507

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST., 10 DEC 26 WARD)

REGISTERED NO. 100

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2-FULL NAME Baby Smith

(a) RESIDENCE NO. 1235 Ashland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1. 26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Jane Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 3935 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1926, to Nov 27, 1926, that I last saw h alive on Nov 27, 1926, and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Thomas S. Cullen, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH in plain words. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16508

E 16508

161-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 McCulloh ST., 14-1 WARD)

2-FULL NAME Doris A. Smith

(a) RESIDENCE NO. 1606 McCulloh ST., 2 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 11/21/12

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
			14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) 1606 McCulloh St.
(State or country)

PARENTS

10 NAME OF FATHER Randolph Smith

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Dorothy [illegible]

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Randolph Smith
(Address) 1606 McCulloh St.

15 Filed ..... Registrar HAMPSON JONES, M. D.

DEC 6 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21st 1926 to Dec. 5th 1926

that I last saw her alive on Dec. 4th 1926

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

(a) Lienolue Bin
Months Jaundice

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Jaundice 2

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed) H. Lee Thomas, M. D.

19 (Address) 9 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL 12/6/26

20 UNDERTAKER Wm. Geo. E. Holland & Son Funeral Home

ADDRESS

IMPORTANT—Please write plainly, so that it may be properly examined. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16509
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

Registered No. E 16509

City of BALTIMORE: (No. 1442 Eastern ave St. 3-7 Ward) 129

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME. Samuel Procter

(Residence in Baltimore: No. 1442 Eastern ave St.; yrs. 74 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Colored	Widower

6-DATE OF BIRTH. Unknown 19.. (Month) (Day) (Year)

7-AGE.	If LESS than 1 day,
74 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. Barber
(b) General nature of industry, business, or establishment in which employed (or employer). Private

9-BIRTHPLACE, (State or Country). Balto City

PARENTS.

10-NAME OF FATHER. Samuel Procter

11-BIRTHPLACE OF FATHER, (State or Country). Balto City

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER, (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Charles Procter

(Address) 2213 Moyer St

15-

Filed ..... 192.....

C. HAMPSON JONES, M. D.

For ..... Registrar.

FEB 5 - 1926

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) James M Fenton M. D. (Coroner.)

12-4 1926 (Address) 2002 Chas St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	12/6/26
20-UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1725 Washington

State CAUSE OF DEATH in plain English. Omission of any item is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

E 16510

REGISTERED NO. E 16510

1 PLACE OF DEATH

City of BALTIMORE: (No. 1110 S Linwood St., Ward 23)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Kezer

(a) RESIDENCE NO. 1110 S Linwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 30 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Carol Kezer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Czesko Slav

12 MAIDEN NAME OF MOTHER Anna Kovacz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Czesko Slav

14 Informant Carol Kezer

(Address) 1110 S Linwood St

15 Filed DEC 6 - 1926 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 19 26, to Dec. 5, 19 26,

that I last saw her alive on Dec. 4, 19 26,

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Atelectasis Neonatorum

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Premature at 7 months

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. B. Bronushas M. D.

12-5-26 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem Dec 6 19 26

20 UNDERTAKER Stephen Fialkowski ADDRESS 1200 Fenwick Ave

tion should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16511

REGISTERED NO. E 16511

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 Fairmount Ave. ST., 17 WARD)

2-FULL NAME Edward Jones

(a) RESIDENCE NO. 546 Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John R. Hall (Address) 546 Fairmount Ave

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH. If plural, state so. See instructions on back of certificates. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Dec 2, 1926, that I last saw him alive on Dec 2, 1926, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Ruptured urethra + Retention of Urine (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? 546 Fairmount Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. K. Davey, M. D.

, 19 (Address) 10 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Dec 6 1926
20 UNDERTAKER Samuel Foster	ADDRESS 946 Penna

DEC 6 1926 EDMUND JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16512

CERTIFICATE OF DEATH. 90 E 16512

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Col. Y. M. C. A. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No.)

2-FULL NAME Thomas E. Jones

(a) RESIDENCE NO. Col. Y. M. C. A. St. 1619 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Viola Bartlett

(Address) 1532 Bennett Pl

15 Filed DEC 6 1926, 19 HARRISON JONES, M. D. Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

(Signed) Dr. Thos E. Jones, M. D.

(Coroner)

, 19 (Address) 1532 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cem	Dec 6 1926

20 UNDERTAKER Harris Eaton ADDRESS Balto

Do not detach certificate. Name should be carefully supplied. Age should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE NAME

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16513

CERTIFICATE OF DEATH.

129

E 16513

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Parker

(a) RESIDENCE NO. 793 W. Saratoga St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospital Records

(Address)

15 Filed....., 19..... Registrar

FC5 - 1320

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dcember 4 1926

17

I HEREBY CERTIFY, That I attended deceased from November 18, 1926, to December 4, 1926, that I last saw h.m. alive on December 3, 1926, and that death occurred, on the date stated above, at 5-30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis,
Hypertension
Chronic Interstitial Nephritis ?

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted
If not at place of death)

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Dec. 4 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL (Date of Burial)

McCullum Bros Dec 6 1926

20 UNDERTAKER ADDRESS

Hamill Earlamp 96 Dallas

Fill properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16514 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16514

CERTIFICATE OF DEATH.

Registered No. 129

1-PLACE OF DEATH

City of BALTIMORE: (No. 3936 Frisby st St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara M Quincy

(a) Residence No. 3936 Frisby st St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX,	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Widow

5a-If married, widowed, or divorced ~~Husband of~~ (or) ~~Wife of~~ William H Quincy

6-DATE OF BIRTH (month, day and year) Nov 14th 1857

7-AGE,	If LESS than 1 day,
69 yrs. 21 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, John M. Miller

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Maryland

12-MAIDEN NAME OF MOTHER, Clara Goodmon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore

14- (Informant) Grisel L Rabe

(Address) 3936 Frisby st

15- Filed ..... 192 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 5th 1926

17- I HEREBY CERTIFY, That I attended deceased from Oct 10, 1926, to Dec 5, 1926, that I last saw h.. alive on Dec 4, 1926, and that death occurred, on the date stated above, at 4.30a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Chronic Nephritis,
Ch Myocarditis

(Duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorhage

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. V. Bishop, M. D.

Dec 6, 1926 (Address) 851 Sheridan Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Balto Cemetery	Dec 7th 1926

20-UNDERTAKER,	ADDRESS
George S Miller & Son	1126 E Monument st

In plain writing, so that it may be properly examined. See instructions on back of certificates.

DEC 06 1926 REGISTRAR OF VITAL STATISTICS, BALTIMORE, MD.

Spec.—1-12-23—M&T—500 Bks.

E 16515 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16515

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315-So-Gilmor ST. 19-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Rose

(a) RESIDENCE No. 315 So. Gilmor ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 [redacted] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia

6 DATE OF BIRTH (month, day, and year) June 15 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	72	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Junk dealer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) C. Shapiro 2000 Allamance St

15 Filed 1926, 19..... Registrar RKG.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1926, to December 4, 1926, that I last saw him alive on December 4, 1926, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 1 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Postive

(Signed) Dr G W Kumar, M. D.

12-5, 1926 (Address) 708 Enon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	12/6 1926
20 UNDERTAKER	ADDRESS
Jack Lewis	1489 E Balto

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Dora Minick ✓

1927 E 16516 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16516

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 18-W

REGISTERED NO. 113

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

2-FULL NAME Dora Minick

(a) RESIDENCE No. 1059 W. Fayette St. Balto. Md. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6, 1926

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
10 mos.	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto — Md.
(State or country)

PARENTS

10 NAME OF FATHER Fabian Minick

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mamie Hamme

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Minick
(Address) JOHNS HOPKINS HOSPITAL

15 Filed Dec 6 1926 PK G. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1926, to Dec. 4, 1926, that I last saw her alive on Dec 4, 1926, and that death occurred, on the date stated above, at 5:30 p m

The CAUSE OF DEATH* was as follows:

Acute Gastro-Intestinal Indigestion

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Otitis media, pneumonia septicaemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) I Ridgeway Trimble, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Dec 6 1926
20 UNDERTAKER George J Smith	ADDRESS 1632 Eutaw St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Ê 16517

Ê 16517

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 4-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Baker

(a) RESIDENCE NO. Laurel Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced (or) WIFE of Henry Hatcher

6 DATE OF BIRTH (month, day, and year) Oct 23-1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42.	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Laurel Md

(State or country)

PARENTS

10 NAME OF FATHER Henry Others

11 BIRTHPLACE OF FATHER (city or town) Laurel Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary Hart

13 BIRTHPLACE OF MOTHER (city or town) Laurel Md

(State or country)

14 Informant Henry Hatcher

(Address) Laurel Md

15 Filed DEC 6 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1926, to Dec 6, 1926, that I last saw her alive on Dec 6, 1926, and that death occurred, on the date stated above, at 1.30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Remote, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md. Date of Burial Dec 8 1926

20 UNDERTAKER Geo. E. French ADDRESS Laurel Md

8 or 9 certificates. See instructions on back of certificate. very important.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16518

E 16518

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1620 E Preston ST. 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C. Schafer

(a) RESIDENCE No 1620 E Preston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Heise

6 DATE OF BIRTH (month, day, and year) June 22-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John H Schafer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary C Schafer (Address) 1620 E Preston

15 Filed DEC 6 1926 19 C. HEARN JONES, M. D. Registrar R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/4/1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1926, to Dec. 4, 1926, that I last saw him alive on Dec. 4, 1926, and that death occurred, on the date stated above, at 12.5 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert J Green M. D.

12-6, 1926 (Address) 120 Asquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	12/7/1926
20 UNDERTAKER John Ulrich	ADDRESS 1008 Orleans

TION is very important. See instructions on

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16519

E 16519

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Franklin Square, St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. David H. Silver

(a) RESIDENCE NO. 1008 Cathedral St., Ward Milford Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 36 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M Silver

6 DATE OF BIRTH (month, day, and year) 5/12/1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Wm. Silver

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs Annie M Silver
(Address) Milford Md

15 Filed DEC 8 1926, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/5/26 19

17

I HEREBY CERTIFY, That I attended deceased from 10/30/26, 19, to 12/5/26, 19,

that I last saw h alive on 12/5/26, 19,

and that death occurred, on the date stated above, at 7:20 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Milford Md.

DATE OF BURIAL 12-7 1926

20 UNDERTAKER E O B Harke

ADDRESS 115 S West St

TION is very important. See instructions on back of Certificate.

DEC 8 1926 [illegible]

Spec.—1-10-21 M&T 1500 Bks.

Monnet Dougrillo

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+100-001

E 16520 — REGISTERED NO. E 16520

1-PLACE OF DEATH Balto. City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST., ... WARD)

2-FULL NAME Monnet Dougrillo (Monnet Dougrillow)

(a) RESIDENCE NO. Back River, Md ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	separated.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) 1871.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant ... (Address) Balto. City Hospitals

15 Filed ..... 19 ..... Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 4, 1926

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1926, to Dec. 4, 1926, that I last saw him alive on Dec. 4, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchs-pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Senile psychosis with deterioration (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) ... M. D.

12/5/26 (Address) Balto City H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	12/7 1926
20 UNDERTAKER	ADDRESS
Wm Fiasconaro	1618 Eastern Ave

TION is very important. See instructions on

C. HAMPSON JONES, M. D.

Spec– 12-23-21—E.B.R.S.—400 Bks.

E 16521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16521

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1715 Harlem Ave - St. 16-7 90 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Eliza Wells

(a) Residence No. 1715 Harlem Ave St., - Ward -
(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Maiden

6-DATE OF BIRTH (month, day and year) Nov-2-1860

7-AGE. 66 yrs. 1 mos. 3 ds. If LESS than 1 day, - hrs. or - min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper.

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 0/0

(c) Name of employer ✓

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. George Wells.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Amanda F. Gudgeon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore Md

14- (Informant) George C. Shannon

(Address) 700 Fulton Ave

15- Filed ... 19... C. HAMPSON JONES, M. D. Registrar.

DEC 8 1926 per K K

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). DEC 5-1926

17- I HEREBY CERTIFY, That I attended deceased from DEC 4 1926 to DEC 5 1926.

that I last saw h.. alive on DEC 4 1926,

and that death occurred, on the date stated above, at 9a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy. (note on back)

Causing Left Hemiplegia

(Duration) - yrs. - mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ✓ yrs. ✓ mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) George C. Shannon M. D.

12/5. 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Balto. Cem'ty	Dec. 8, 1926
20-UNDERTAKER.	**ADDRESS**
J. O. Mitchell	1201 W. Fayette St.

INSTRUCTIONS ON BACK

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16522

CERTIFICATE OF DEATH.

23 E 16522

1-PLACE OF DEATH Maryland General Hospital

REGISTERED NO. 1627

CITY OF BALTIMORE: (No. ..... ST. 167 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Florence J. Brooks

(a) RESIDENCE NO. 1101 Harlem Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John T. Brooks

6 DATE OF BIRTH (month, day, and year) Aug 23 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Annearundel Co (State or country) Md

PARENTS

10 NAME OF FATHER Ed Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Annearundel Co.

12 MAIDEN NAME OF MOTHER Mary A. Paret

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annearundel Co

14 Informant John T Brooks (Address) 1101 Harlem Ave

15 Filed DEC 6 1926 H. HAMPSON JONES, M. D., Registrar

Per O.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1926, to Dec 5, 1926, that I last saw her alive on Dec 5, 1926, and that death occurred, on the date stated above, at 10 20 a m.

The CAUSE OF DEATH* was as follows:

Lethargic Encephalitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pneumonia Terminal

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas A Sampson M. D.

, 19 (Address) John Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Mt Olivet DATE OF BURIAL DEC 8 1926 19

20 UNDERTAKER Geo W Little ADDRESS 2700 Pennsylvania Ave

TION is very important. See instructions on

Spec.—1-12-23-M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16523 (68D) — E 16523 (151)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL (6-1) REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Austin Bruce

(a) RESIDENCE NO. #17 N. Anne St (Left) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Lab)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Bruce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 C6 Filed 1926 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 3, 1926,

that I last saw him alive on Dec 3, 1926,

and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

acute infection, B. melchi

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) arterio-sclerotic gangrene

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological —

(Signed) Henry A. Edmunds, M. D.

, 19 (Address) Johns Hopkins Hosp Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Dec 7 1926

20 UNDERTAKER Edward Bryson — ADDRESS 167 Arlington Ave

FROM A VERY IMPERFECT COPY

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16524 31 E 16524

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals 5 E.B. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome Price

(a) RESIDENCE NO. 204 N. Spring st. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER H. Price

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida Hawkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Hospital Records

(Address)

15 Filed 1926 C. HAMPSON JONES, M. D.

P. 0837 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1926, to Dec. 3, 1926, that I last saw him alive on Dec. 3, 1926, and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Gatlin, M. D.

12-3-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delivered and buried in Loudon Park Cemetery JOHNS HOPKINS HOSPITAL Date of Burial 12-13 1926

20 UNDERTAKER Edward Bryon ADDRESS 1631 Orleans St

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 16525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16525

CERTIFICATE OF DEATH.

X100-001

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. John & Lafayette St. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Marietta Stoner

(a) RESIDENCE NO. Westminster, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student nurse 045

(b) General nature of industry, business, or establishment in which employed (or employer) Woman's Hospital.

(c) Name of employer Miss Maude M. Dardine Supt.

9 BIRTHPLACE (city or town) Westminster, Md.
(State or country)

PARENTS

10 NAME OF FATHER Mr. Jesse L. Stoner.

11 BIRTHPLACE OF FATHER (city or town) Union Bridge,
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Annie R. Bush

13 BIRTHPLACE OF MOTHER (city or town) Catapasco
(State or country) Md.ryland

14 Informant Mr. J. L. Stoner.
(Address)

15 Filed 6 - 1926 C. HAMPSON JONES, M. D. Registrar
Per

ATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 6, 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-27-, 1926, to 12-6, 1926,

that I last saw her alive on Dec. 6, 1926,

and that death occurred, on the date stated above, at 11:55 a. m.

The CAUSE OF DEATH* was as follows:

Acute tonsillitis with purisy

(duration) — yrs. — mos 10 ds.

CONTRIBUTORY (Secondary) Pleurisy; double Bronchopneumonia (duration) — yrs. — mos. 5 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Type

(Signed) W. Wood Wilson, M. D.

, 19 (Address) Women's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Hd	Dec 9 1926
20 UNDERTAKER W M Routson	ADDRESS 2238 N Avenue

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

L 16526 — 74-004 — E 16526

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 107 4 East 4th St., 7-3 Ward)

2-FULL NAME Catherine Auer

(a) RESIDENCE NO. 2605 E Monument St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Auer

6 DATE OF BIRTH (month, day, and year) aug 3 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER James Kearns

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balt City

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balt City

14 Informant Margaret Auer

(Address) 2605 E Monument

15 Filed 1926 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) In Life yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 3 yrs. mos. ds.

(Signed) James M Kenton M. D.
(Coroner)

12 6, 1926 (Address) 700 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Balto Md Date of Burial 19 26

20 UNDERTAKER J. A. Moran ADDRESS 300 E Balto St.

Very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

E 16527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16527

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Winks.

(a) RESIDENCE NO. 505 S. Milton Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 35 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	married

5a If married, widowed, or divorced (or) ~~HUSBAND OF~~ WIFE of Samuel Winks

6 DATE OF BIRTH (month, day, and year) 1891 25 Sept

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	35	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) do

12 MAIDEN NAME OF MOTHER do

13 BIRTHPLACE OF MOTHER (city or town) (State or country) do.

14 Informant Balto. City Hospitals (Address)

15 Filed Dec 7 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-4 1926.

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1926. to Dec. 4 1926.

that I last saw her alive on Dec. 4 1926.

and that death occurred, on the date stated above, at 11.15 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho-pneumonia

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) psychosis with cerebro-spinal lues & tabes. (duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & serological findings

(Signed) Wm F Holloway M. D.

19 1926 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wendell Duffield	Dec 7 1926
20 UNDERTAKER	ADDRESS
Holy Redeemer	3[illegible]

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16528

CERTIFICATE OF DEATH.

43 E 16528

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Harford Road St.) (7-12 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley A. Sykes

(a) RESIDENCE. No. 200 Harford Road. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed or ~~Divorced~~ (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Georgia Ann Sykes

6 DATE OF BIRTH (month, day, and year) Oct 8/1852.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	28.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mr. William A. Sykes 1020 Falls Road.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar. By

THIS IS very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Dec 6, 1926

that I last saw h~~im~~ alive on Dec 5 1926

and that death occurred, on the date stated above, at 2.15 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestine

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Intestine (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry A. Long M. D.

Dec. 1926 (Address) 270 N. Harford Rd Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Dec 8. 1926

20 UNDERTAKER J. Walter Davis ADDRESS 330 Paine St

Spec.—12-9-25—A Co.—200 Blks.

E 16529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16529

CERTIFICATE OF DEATH.

73

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St. 13-4 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Spurrier

(a) RESIDENCE NO. 3405 Cedar Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Spurrier

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 0 60

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wyndam Spurrier

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Maryland

14 Informant City Hospital Records

(Address)

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar

1926 R.R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Decmber 5 1926

17

I HEREBY CERTIFY, That I attended deceased from November 8, 1926, to Decmber 5, 1926, that I last saw h wm alive on Decmber 5, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Hypertension, Arterial Sclerosis

Spastic Diplegia

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? gener al & Labor atory

(Signed) R. Hoopu Smith, M. D.

Dec. 6. 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Conn Date of Burial Dec 8 1926

20 UNDERTAKER J M Cook ADDRESS 502 E North Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16530

CERTIFICATE OF DEATH.

37-001

E 16530

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Vincent St ST. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lester George Randle

(a) RESIDENCE NO. 405 S. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	3	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lester C. Randle

11 BIRTHPLACE OF FATHER (city or town) Elkridge (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances M.Barnes

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or country) Maryland

14 Informant Lester C. Randle

(Address) 405 S. Vincent St

15 Filed DEC 7 - 1926 19 C. HAMPTON HENDRICKS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6th. 19 26

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 19 26, to Dec.5th 19 26,

that I last saw him alive on Dec. 6th 19 26,

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis 6 Wks

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Geo. Wm. Culman, M. D.

12/6, 1926 (Address) 24 N. Fulton Ave..

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Dec 9" 19 26
20 UNDERTAKER Joseph H Cook	ADDRESS 1003 N Gate St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16531

CERTIFICATE OF DEATH.

100-001

E 16531

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5211 Linden Heights Ave ST., WARD)

2-FULL NAME Matilda A Moore

(a) RESIDENCE No. 5211 Linden Heights Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
(or) WIFE of Geo W Moore

6 DATE OF BIRTH (month, day, and year) Feb 28 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Port Royal Va.

PARENTS

10 NAME OF FATHER Robert G Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caroline Co Va.

12 MAIDEN NAME OF MOTHER — Hazlehope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Caroline Co Va

14 Informant Mrs Edna Moore

(Address) 5211 Linden Heights Ave

15 Filed 19 DEC 7 - 1926 Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov Dec 2, 1926, to Dec 6, 1926,

that I last saw h er alive on Dec 6, 1926,

and that death occurred, on the date stated above, at 4.15 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) Senility

(duration) — 8 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Clinical Exam

(Signed) E B. Emmor, M. D.

12-6 1926 (Address) 5106 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem — DATE OF BURIAL Dec 8" 1926

20 UNDERTAKER Joseph B Cook — ADDRESS 1003 N. Gay St.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16532

CERTIFICATE OF DEATH.

129 E 16532

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary E. Campen

(a) RESIDENCE NO. 516 E. North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Clarence M. Campen

6 DATE OF BIRTH (month, day, and year): July 14/93

7 AGE — Years: 33 — Months: 4 — Days: 21 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: 0

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Benj F. Dallam

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Clarence M. Campen

(Address): 516 E. North Ave

15 Filed 19 C. HARRISON JONES, M.D. Registrar

DEC 7 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: December 5, 1926

17 I HEREBY CERTIFY, That I attended deceased from December 3, 1926, to December 5, 1926, that I last saw her alive on December 5, 1926, and that death occurred, on the date stated above, at 5-25 a m.

The CAUSE OF DEATH* was as follows: Chronic Parenchymatous Nephritis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Chemistry analyses

(Signed) Chas. H. Norwood Jr., M. D.

Dec. 5 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. Date of Burial 12/8 19 26

20 UNDERTAKER: Philip Henry ADDRESS 2016 Eutaw

very important. See instructions on back of

Spec.—12-9-25—A Co.—200 Bks.

E 16533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31

E 16533

REGISTERED NO. 4

1-PLACE OF DEATH

City of BALTIMORE: (No. 409 N. Castle St. 6-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Geis

(a) RESIDENCE NO. 409 N. Castle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John W. Geis

6 DATE OF BIRTH (month, day, and year): Nov 2/98

7 AGE — Years: 28 — Months: 1 — Days: 2 — If LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Frank Barton

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Baier

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: John W. Geis

(Address): 409 N. Castle St.

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/4/26

17 I HEREBY CERTIFY, That I attended deceased from Oct 12 —, 1926, to Dec 4 —, 1926, that I last saw h[illegible] alive on Dec 3 —, 1926, and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows: Tubercular Laryngitis

(duration) .....yrs. 2 mos. .....ds.

CONTRIBUTORY (Secondary): Tubercle Bacilli

(duration) .....yrs. 2 mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? cauterizing Laryngitis Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical, Laboratory, Microscopic

(Signed) C. P. Caman, M. D.

12-5, 1926 (Address) 1707 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial: 12/7 1926

20 UNDERTAKER: Philip Herring — ADDRESS: 2016 Orleans St

very important. See instructions on back of [illegible]

[illegible] JONES

[illegible] 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 16534

E 16534

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mathew Hawkins

(a) RESIDENCE NO. 638 W Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
M	Col.	Wid

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unk 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
60(?)				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) ?

(State or country) Balto

PARENTS

10 NAME OF FATHER John Hawkins

11 BIRTHPLACE OF FATHER (city or town) ~~Unk~~ Va.

(State or country)

12 MAIDEN NAME OF MOTHER Sarah Gallaway

13 BIRTHPLACE OF MOTHER (city or town) ~~Unk~~

(State or country) Va

14 Informant Matilda Floyd

(Address) 638 W. Mulberry St

15 Filed OCT - 1926 19 C. HAMPSON JONES, M. D. Registrar

very important. See instructions on back of

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 4, 1926

17

I HEREBY CERTIFY, That I attended deceased from 7-14-, 1922 to Dec. 4, 1926, that I last saw h.. alive on Dec. 4, 1926 and that death occurred, on the date stated above, at 9½ m.

The CAUSE OF DEATH* was as follows:

Lueb Colitis - Chronic Nephritis and Right Hemiplegia

(duration) Unknown ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Dr Kenyon, M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Dec 7 19 26

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Hollins

Spec.—1-12-23—M&T—500 Bks.

E 16535 E 16535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

135

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 15-7 WARD)

2-FULL NAME James Kelly

(a) RESIDENCE NO. 2955 Clifton Ave ST. Balto WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kelly

6 DATE OF BIRTH (month, day, and year) aug 5 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired RR man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends (Address) JOHNS HOPKINS HOSPITAL

15 Filed . 19 Per Registrar

C. HARRISON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 19.., to Dec 6, 1926, that I last saw h.. alive on Dec 6, 1926, and that death occurred, on the date stated above, at 10-45 a m.

The CAUSE OF DEATH* was as follows:

Malignant Invasive Hypertrophy

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Balto md

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy

(Signed) Robert W. Mackay, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rood Lawn Cemetery	Dec 9 1926
20 UNDERTAKER Robt J Turner	ADDRESS 1742 N. Broadway

Cor.—12-9-25—A Co.—200 Bks.

E 16536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16536

26-3 170

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. ____ Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Schrauder

(a) RESIDENCE NO. 3202 E. Balto. St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Aug 30/1904

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer): 01

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country): Balto., Md

PARENTS

10 NAME OF FATHER: Charles G. Schrauder

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Maggie Zulaus

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Balto., Md

14 Informant: Charles G. Schrauder

(Address): 2201 E. Pratt St

15 Filed _____ 19 _____ Registrar

very important. See instructions on back of

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192: Dec 5/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage-Shot himself

Dec 2/26 -Suicide

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____ M. D.

(Coroner)

12/6/26 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Sacred Heart Cemetery	Dec 7 192[illegible]

20 UNDERTAKER: Rott & Turner ADDRESS: [illegible] Broadway

Spec.—1-10-21—M&T—1500 Bks.

E 16537 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16537

CERTIFICATE OF DEATH.

REGISTERED NO. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 11-3 WARD)

2-FULL NAME Dolart Walton

(a) RESIDENCE NO. 1933 N. Calvert St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1926.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs.
				15 hrs. 55 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. Old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Rufus R. Walton

11 BIRTHPLACE OF FATHER (city or town) Birmingham, (State or country) Alabama

12 MAIDEN NAME OF MOTHER Marie J. Cunningham

13 BIRTHPLACE OF MOTHER (city or town) Memphis, (State or country) Tenn.

14 Informant Rufus R. Walton (father)

(Address)

15 Filed OCT - 1926 19 Registrar

Per

HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1926. to Dec. 5, 1926.

that I last saw him alive on Dec. 5, 1926.

and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) since birth ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam + X-ray.

(Signed) Wm. Wilson, M. D.

, 19 (Address) Women's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery DATE OF BURIAL Dec. 7 1926

20 UNDERTAKER Wm. J. Young ADDRESS 1697 N. Broadway

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16538 — REGISTERED No. E 16538

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 E. Williamson St. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliz. Drake.

(a) RESIDENCE NO. 41 E. Williamson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lacy Drake

6 DATE OF BIRTH (month, day, and year): Aug 22-1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 37

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10 NAME OF FATHER: James McNamee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Eliz O. Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Florence E. Lankard
(Address) 41 E Williamson st

15 Filed DEC 7 - 1926 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12. 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from 10. 1. 1926 to 12. 6. 1926

that I last saw h-e alive on 12. 6. 1926

and that death occurred, on the date stated above, at 1.45A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) dont know yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) J. Edward Torres, M. D.

12.6. 1926 (Address) 107 Eastwest st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cemetery — DATE OF BURIAL: Dec 9 1926

20 UNDERTAKER: F. A. Brausepon — ADDRESS: 703 Hay

Spec.—12-9-25—A Co.—300 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16539

CERTIFICATE OF DEATH.

31 E 16539

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. 46-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Killistus McElwee

(a) RESIDENCE NO. 407 S. 13th st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1866

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William McElwee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Jane Owen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hospital records

(Address)

15 Filed 12-9-, 19 RH Registrar

very important. See instructions on back of

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 4, 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17, 19 24, to Dec. 4, 19 26, that I last saw him alive on Dec. 4, 19 26, and that death occurred, on the date stated above, at 6.25 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W E Gallens, M. D.

12-4-, 19 26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

B.C. Edmond Cem Dec 9 19 26

20 UNDERTAKER ADDRESS

Tom Crook 502 E North

Cor.—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16540

E 16540

CERTIFICATE OF DEATH.

REGISTERED NO. 90

1-PLACE OF DEATH Wagner's Packing Co.

City of BALTIMORE: (No. East Brooklyn. St. 25-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christian T. Diez.

(a) RESIDENCE NO. 104 Third Ave. Wagner's Point St. East Brooklyn. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, HUSBAND of Mary Diez.

6 DATE OF BIRTH (month, day, and year) August 1, 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer) Martin Wagner

(c) Name of employer Packing Co.

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Theodore Diez.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mary E. Diez. (wife)

(Address) 104 Third Ave Wagner's Point.

15 Filed DEC 7 1926 Registrar

very important. See instructions on back of

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 4, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.

(Coroner)

12/6, 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial Dec 9 1926

20 UNDERTAKER W. H. Cook ADDRESS 502 E. York Ave

Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-061

16541

E 16541
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1502 Mosher St. 16-6 Ward)

2-FULL NAME Lloyd Reed.

(a) RESIDENCE NO. 1502 Mosher St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Minister
(b) General nature of industry, business, or establishment in which employed (or employer) 018
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Tamana Edwards
(Address) Orange N. J.

15 Filed....., 19..... C. HAMPSON JONES, M. D. Registrar
Per

C 1 - 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Acc. Poisoning
Ill. Gas.
(Duration) yrs. mos. 10 hrs

CONTRIBUTORY (Secondary) As stated
(Duration) mos.

(Signed) C. Hampson Jones M. D.
(Coroner)

Dec 7 1926 (Address) 143 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Date of Burial Dec 8 1926

20 UNDERTAKER Wm H. Forrestner ADDRESS Woodlawn

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16542

CERTIFICATE OF DEATH.

181-001

E 16542

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1502 Mosher St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Connelly

(a) RESIDENCE NO. 1502 Mosher St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible] 1878

7 AGE: Years 48; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seton 10

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Unknown

14 Informant Jennie Jones

(Address) 918 Hillen Ave

15 Filed_____ 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Acc Poisoning

Ill 6 hs

(Duration) yrs. mos 10 hrs.

CONTRIBUTORY (Secondary) Arthritis

(Duration) yrs. mos. ds.

(Signed) G. C. Bloede, M. D.

(Coroner)

18 (Address) 1436 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr. Jean — Date of Burial: Dec 7 1926

20 UNDERTAKER: Wm H Oppenheim — ADDRESS: 1400 Mosher

very important. See instructions on back of

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16543
1-PLACE OF DEATH

90 E 16543
REGISTERED NO. 4

City of BALTIMORE: (No. 949 Gorsuch Ave St., 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry F. Uhing

(a) RESIDENCE NO. 949 Gorsuch Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sallie R. Uhing

6 DATE OF BIRTH (month, day, and year) Aug 17/1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Special Officer

(b) General nature of industry, business, or establishment in which employed (or employer) Roland Park Co

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER John W. Uhing

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Amos

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Sallie R. Uhing
(Address) 949 Goesuch Ave

15 Filed 19 KK Registrar

very important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 5/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion?

(duration) yrs. mos. ds.

(Signed) J. S. Pullen M. D.
(Coroner)

12/6/26 19 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial Dec. 8 19 26

20 UNDERTAKER Henry Storck Son ADDRESS 1301 E Eager St

Spec.—1-10-21—M&T—1500 Bks.

16544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16544

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Gibbons Ave Hamilton ST., 27-12 WARD)

2-FULL NAME Milton. R. Dow

(a) RESIDENCE No. 18 N. Gibbons Ave Hamilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth. M. Dow

6 DATE OF BIRTH (month, day, and year) May 11 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	25 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Business

(b) General nature of industry, business, or establishment in which employed (or employer) 043

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ill.

PARENTS

10 NAME OF FATHER William H. Dow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Adeline Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ill.

14 Informant Mrs Elizabeth. M. Dow

(Address) 18 N. Gibbons Ave. Hamilton

15 Filed OCT 1926 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1926, to Dec. 6, 1926, that I last saw him alive on Dec. 6, 1926, and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fisher, M. D.

12/7 1926 (Address) 1823 N. Haven St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec. 9 1926
20 UNDERTAKER	ADDRESS
Henry Heath Son	1301 E Eager St

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1614 Rutland ave

City of BALTIMORE: (No. 1614 Rutland ave St. 832 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Nelson

(a) Residence No. 1614 Rutland ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of the late William Nelson

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. About 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, John Hubbard

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore, Md

12-MAIDEN NAME OF MOTHER, Sarah Root

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore, Md

14- (Informant) Mrs. Louisa H. Nelson

(Address) 1614 Rutland ave

15- Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 5, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926 to Dec. 5, 1926

that I last saw her alive on Dec. 5, 1926

and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. Day ds.

CONTRIBUTORY (Secondary) Arteria-sclerosis

(Duration) one yrs. mos. ds.

18-Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual clinical signs

(Signed) A. L. Madison M. D.

Dec 5, 1926 (Address) 1540 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Baltimore Cemetery — DATE OF BURIAL, Dec. 7, 1926

20-UNDERTAKER, Henry Haack & Son — ADDRESS 1301 E. Eager St.

DEC 7 1926

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16546

CERTIFICATE OF DEATH.

90 E 16546

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Lakeside Ave ST., 9-2 WARD)

2-FULL NAME Sarah Ella Truett

(a) RESIDENCE No. 1515 Lakeside Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 14 ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) ~~HUSBAND~~ of the late (or) WIFE of Silas A. Truett

6 DATE OF BIRTH (month, day, and year) Not Stated 52

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER John Heath

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Bolton

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs. Nellie P. Goetz

(Address) 1515 Lakeside Ave

15 Filed OCT - 1926 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1926, to Dec. 6, 1926,

that I last saw h alive on Dec 5.

and that death occurred, on the date stated above, at 3 25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Mayer Jr., M. D.

12/6, 1926 (Address) 1500 E 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec. 8 1926
20 UNDERTAKER	ADDRESS
Henry Hoeck Son	130 E Eager

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 16547

REGISTERED NO.

E 16547

1-PLACE OF DEATH

City of BALTIMORE: (No. 705 S. Ellwood Ave St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha E. Becker

(a) RESIDENCE NO. 705 S. Ellwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Becker

6 DATE OF BIRTH (month, day, and year) June 13, 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	63	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER George Himmelman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Volland

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Frank J. Becker

(Address) 705 S. Ellwood Ave

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1926 to Dec. 3rd, 1926

that I last saw her alive on Dec 3, 1926

and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Infarct

Myocarditis

(duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. 6 mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick W. Thomas, M. D.

Dec 7 1926 (Address) 7913 E Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — Date of Burial Dec 7 1926

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St.

very important. See instructions on back of

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16548

CERTIFICATE OF DEATH.

129 E 16548

Registered No. 4

1-PLACE OF DEATH

City of BALTIMORE: (No. 827 N. Arlington Av St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mason Browning

(a) Residence No. 827 N. Arlington Ave St., Ward Riverdale Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, white | 5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Nov 30 1854

7-AGE, 72 yrs. 6 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Washington D C

PARENTS.

10-NAME OF FATHER, Warwick Evans

11-BIRTHPLACE OF FATHER (city or town) (State or Country),

12-MAIDEN NAME OF MOTHER, Mary M. Washington

13-BIRTHPLACE OF MOTHER (city or town) Va (State or Country),

14-

(Informant) Rev. Robt. Browning

(Address) 827 N. Arlington Ave

15-

Filed ..... 192.....

C. HAMPSON JONES, M.D. Registrar.

DEC 7 1926

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 7th 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 19 26 to Dec. 7th, 19 26

that I last saw h. alive on Dec. 6th, 19 26

and that death occurred, on the date stated above, at 5a. m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease

Arteriosclerosis

— old age —

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Heart Failure

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) Charles H. Burbank M. D.

, 19 (Address) 1100 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Wash. DC. DATE OF BURIAL, Dec 7 19 26

20-UNDERTAKER, F Garches Sons ADDRESS Bladensburg md

Saugston

E 16549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16549 REGISTERED NO. 4

1-PLACE OF DEATH

City of BALTIMORE: (No. 1428 N Gilmor St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James S. Saugston Saugston

(a) RESIDENCE NO. 1428 N Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20 1838

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER James E Saugston

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Laura F Saugston

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Edith C Saugston
(Address) 1428 N Gilmor St

15 Filed ..... 19 .....
Registrar

very important. See instructions on back.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death in the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) G Clark M. D.

(Coroner)

19 (Address) 143 W Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem Date of Burial 12-7 1926

20 UNDERTAKER C. Carson Kennard ADDRESS 723 W Lafayette Ave

DEC 7 1926 C. HARRISON BONDURANT
Per

Spec. 1-10 21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 16550 CERTIFICATE OF DEATH. **E 16550**

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 144 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Smith

(a) RESIDENCE No. 2125 Druid Hill Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Smith

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Betsy Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Baltimore City Hospitals (Address) Baltimore, Md.

15 Filed DEC 7 1926 H. C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-4- 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-24- 1926, to 12-4- 1926.

that I last saw her alive on 12-3- 1926.

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis w/Deterioration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Le Count M. D.

12/7/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	12/7 1926
20 UNDERTAKER Samuel T. Donnelley	ADDRESS 578 N. Bidde

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16551 ✓ 46 E 16551

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Battery Ave WARD 14-1)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jones

(a) RESIDENCE No. 1122 Battery ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 67 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): mdw

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward C Jones

6 DATE OF BIRTH (month, day, and year): 3/29/1854

7 AGE — Years: 72 — Months: 8 — Days: 5 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Miss Mary Richardson (Address) 1122 Battery ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/4-1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1- 1926 to Dec. 4 1926, that I last saw her alive on Dec 3- 1926 and that death occurred, on the date stated above, at 2:50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. 2 mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. C. Burton, M. D.

12/5-1926 (Address) 301 Eloso St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Dec 7 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

ec.—1-12-23—M&T—500 Blks.

E 16552 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16552

CERTIFICATE OF DEATH. REGISTERED NO. 89

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 W Franklin ST., 11 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Garner

(a) RESIDENCE NO. 18 W Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Widowed~~ Divorced

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 9 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
	75	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Musician
(c) Name of employer Was employed at New Auditorium Casualty Co

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Green Garner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Ann Cadle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Henry Green Garner
(Address) Chatham Md

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1923, to Oct 12, 1926, that I last saw h.. alive on Oct 12, 1926, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:
Myocardial Fatores —
(Stated frequent attacks during this period that necessitated
(duration) yrs. mos. Sudden ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) 50 yrs. Last 8 yrs mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings
(Signed) Walter Gebhart, M. D.
(Address) 1193 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chatham Via Penn RR. - POPES CREEK LINE LOTHAIR STA

DATE OF BURIAL Dec 8 1926

20 UNDERTAKER John H. Denny

ADDRESS 715 Light St

Spec. 1-10-21 MAT 1500 Blks.

E 16553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16553

CERTIFICATE OF DEATH.

44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Maryland Ave. ST. 12-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Valiant Mc Neal

(a) RESIDENCE NO. 2712 Maryland Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johnathan Bunny Mc Neal

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	76	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Valiant

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Catherine Humphries

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Harry B. Mc Neal (Address) 5 Longwood Road

15 Filed OCT - 1926 C. HAMILTON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Apl 2nd, 1926, to Dec 6th, 1926, that I last saw h~~e~~r alive on Dec 6th, 1926, and that death occurred, on the date stated above, at 4-10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Liver

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Eugene Douglas, M. D.

, 19 (Address) 3043 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easton, Md.	Dec. 8, 1926
20 UNDERTAKER John O. Mitchell	ADDRESS 201 N Fayette St.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99 E 16554

E 16554

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 213 N. Port St., 6-3 Ward)

2-FULL NAME James Kelley

(a) RESIDENCE NO. 213 N Port St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married,~~ Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: The late Lottie Kelley

6 DATE OF BIRTH (month, day, and year): June 8-1850

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labour

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Edward Kelley

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Hooper

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant: Thomas S. Kelley

(Address): 213 N Port St

15 Filed..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 4—1926 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 20—26 to Dec 4—26, 19..., that I last saw him alive on Dec 4—26, 19..., and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH was as follows:

Exhaustion

(duration) 0 yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary): Chronic Bronchitis

(duration) 1 yrs. 5 mos. 15 ds.

18 Where was disease contracted: At Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Voit M. D.

, 19 (Address) 1008 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Carmel Cemetery	Dec 7 1926
20 UNDERTAKER	**ADDRESS**
Jas E. Miller & Son	2330 E. Fayette St

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16555

CERTIFICATE OF DEATH.

101-001

E 16555

REGISTERED NO. 1

1-PLACE OF DEATH

City of BALTIMORE: (No. Universal Hosp St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Joseph Guyton

(a) RESIDENCE NO. 1 Eldridge St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. dt.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Guyton

6 DATE OF BIRTH (month, day, and year) June 14 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mat Trimmer 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER A J Guyton

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant John Guyton

(Address) 1 Eldridge

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

6 days

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Daniel O'Connell M. D.

(Coroner)

, 19 26 (Address) 325 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Ivy Cem Laurel Md Dec 9 1926

20 UNDERTAKER ADDRESS

E E Roy Stiffler 1252 North Ave

Very important. See instructions.

DEC 7 - 1926

Lillie Brown

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 V

E 16556

REGISTERED NO. 1

E 16556

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Brown

(a) RESIDENCE NO. 631 Sterling St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) South Carolina

(State or country)

PARENTS

10 NAME OF FATHER Julius Clyde

11 BIRTHPLACE OF FATHER (city or town) D. C.

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) D. C.

14 Informant Lavenia Miller

(Address) 631 Sterling St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 3, 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-15- 1926, to 12-3-, 19 26

that I last saw h.. alive on 12-3-, 19 26

and that death occurred, on the date stated above, at 9.45 p m.

The CAUSE OF DEATH* was as follows: Luetic Paraplegia

(duration) Unknown mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

Was Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sign

(Signed) H. Barnard M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Forest Cemetery Dec 8. 1926

20 UNDERTAKER ADDRESS

Lottie Gross 1405 Mcelderry St

DEC 1926 JONES

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16557.

CERTIFICATE OF DEATH.

101-004

E 16557

1-PLACE OF DEATH Mercy Hospital 3-1

REGISTERED NO._____

City of BALTIMORE: (No._____ St._____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otis Gaither

(a) RESIDENCE NO. 403 High St, St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work PAINTER.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) MISSOURI

(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant

(Address) JOHNS

15 Filed C. HAMPSON JONES, M. D. Registrar

1926 No. 0850 RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Dec 5

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 5, 1926, that I last saw him alive on Dec 5, 1926, and that death occurred, on the date stated above, at 4.20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Chronic alcoholism (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

___ (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Brantle, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

Commissioner Health

DEC 7 - 1926

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 16558 | CERTIFICATE OF DEATH. | E 16558

X 146

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 15-13 WARD)

2-FULL NAME Rebecca Washington

(a) RESIDENCE NO. 602 Cumberland ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	Single

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	17			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Elberton
(State or country) Ga

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Georgia

14 Informant Rosa Stovall
(Address) 602 Cumberland St

15 Filed Dec 7 1926 19 C. HAMPSON JONES, M. D. Registrar
985

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/5 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 .19 26. to Dec 5 .19 26.

that I last saw h or alive on Dec 5 .19 26.

and that death occurred, on the date stated above, at 10:10P m.

The CAUSE OF DEATH* was as follows:

Endometritis Puerperal Septic

Puerperal septicaemia.

(duration) yrs. mos 5 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Knight Reynolds, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health.
DEC 7 - 1926

...c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16559 E 16559

CERTIFICATE OF DEATH.

28-1129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Liberty Heights Ave ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Francis Vogel

(a) RESIDENCE NO. 4608 Liberty Heights Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Etta R. Vogel

7 DATE OF BIRTH (month, day, and year): Feb 28-1866

8 AGE: Years 60 Months 9 Days 8 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Vogel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Recker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: H Holmes Vogel

(Address): 4608 Liberty Heights Ave

15 Filed Dec 7, 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1925, to Dec. 6, 1926, that I last saw him alive on Dec. 6th, 1926, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Chronic Internal Hypertension

Chronic Nephritis

(duration) Several yrs. mos ds.

CONTRIBUTORY (Secondary): Cerebra Hemorrhage 16 hours

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Carroll Lockard M. D.

(Address) 42. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Dec 9 1926

20 UNDERTAKER: Harry H Amacock

ADDRESS: 4704 Ridgewood Ave.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16560

E 16560

CERTIFICATE OF DEATH

132

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5910 Bellona Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amalie L. Thau

(a) RESIDENCE NO. 5910 Bellona Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mathias Thau

6 DATE OF BIRTH (month, day, and year): Nov 14 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	56	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Amediger

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mathias Thau

(Address) 5910 Bellona Ave

15 Filed C. HAMPSON JONES, M. D. 19

1926 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1926, to Dec 6, 1926,

that I last saw h alive on Dec 5 1926,

and that death occurred, on the date stated above, at 6.50 a m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Renal Calculi

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of Dec. 1-26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical-Laboratory & Xray

(Signed) Hal. Hawes, M. D.

12-7, 1926 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

Date of Burial Dec 8 1926

20 UNDERTAKER William Cook

ADDRESS 502 E North Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 16561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16561

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1437 N. Fulton Av. ST. 15-12 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora G. Ford

(a) RESIDENCE. No. 1437 N. Fulton Av. ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Lewis Ford.

6 DATE OF BIRTH (month, day, and year) July 10, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None -

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Richard H. Gray.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna Hunt.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant William Ford

(Address) 323 N. Fulton Av.

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6, 1926.

17 I HEREBY CERTIFY, That I attended deceased from November 18, 1926, to Dec. 6, 1926, that I last saw h alive on Dec. 6, 1926, and that death occurred, on the date stated above, at 8:55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Stomach

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Jan. 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John G. Quinn, M. D.

(Address) 1437 N. Fulton Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Dec 9 1926
20 UNDERTAKER	ADDRESS 1944 W. North Av.
Harry W. Ehlen	

Spec.–7-17-26–A Co.–200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16562

REGISTERED NO. E 16562

1-PLACE OF DEATH

City of BALTIMORE: (No. 627 Harvey St. 17-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard D Taylor

(a) RESIDENCE NO. 627 Harvey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 27, 1896

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	30	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ships Mat

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Munsey

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER James R Taylor

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Ellen Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mrs Bessie Huber

(Address) 627 Harvey St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1926

17 I HEREBY CERTIFY, That I attended ~~deceased~~ from Dec 3rd, 1926, to Dec 6th, 1926, that I last saw ~~him~~ alive on Dec. 6th, 1926, and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pleurisy & Bronchopneumonia

(duration) — yrs. — mos. 4 da.

CONTRIBUTORY

(Secondary)

(duration) — yrs. — mos. — da.

18 Where was disease contracted At place of death

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Henry Herbel M. D.

12/7, 1926 (Address) 1364-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Va — Date of Burial 12/8 1926

20 UNDERTAKER W M Cook — ADDRESS 502 E Pratt

Spec.—1-10-21—M&T—1500 Bks.

E 16563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16563

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. 74

CITY OF BALTIMORE: (No. 151 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar Davis

(a) RESIDENCE NO. 3115 Walbrook Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ira Davis

6 DATE OF BIRTH (month, day, and year) Sept 30, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Agent.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsville Md

PARENTS

10 NAME OF FATHER Joseph P. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn Line

12 MAIDEN NAME OF MOTHER Elizabeth P. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Edgar Davis (Address) 2775 W. North Ave

15 Filed Dec 8, 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1926, to Dec 7, 1926, that I last saw h... alive on Dec 7, 1926, and that death occurred, on the date stated above, at 1... m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardio Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Mob Sampson M. D.

, 19 (Address) Med Jan Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Salisbury Md DATE OF BURIAL 12/9 1926

20 UNDERTAKER W. M. Cook ADDRESS 502 E. North

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16564 E 16564

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 E. 25th St. ST. 9-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Gallagher

(a) RESIDENCE No. 521 E. 25th St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, or Divorced (write the word) Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Heavey Gallagher

6 DATE OF BIRTH (month, day, and year) Oct. 28. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 054

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel.

(c) Name of employer Southern Hotel.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James L. Gallagher.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Pa.

12 MAIDEN NAME OF MOTHER M. L. Stevens.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne County Md.

14 Informant Mr. R. M. Gallagher. (Address) 13 E. 25th St

15 FILED 1926 (Signature) C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1926 to Dec. 5, 1926.

that I last saw him alive on 12-5 — 1926

and that death occurred, on the date stated above, at 8.15 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Endocarditis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Millard Sorell M. D.

12/5, 1926 (Address) 3705 Liberty Hts. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 12/8/26 19

20 UNDERTAKER M. M. Wiedefeld.

ADDRESS 501 E. 22 St.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16565 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. E 16565

1-PLACE OF DEATH

City of BALTIMORE: (No. 1520 N. Bethel St., 83 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Golanar

(a) Residence No. 1520 N. Bethel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Golanar

6-DATE OF BIRTH (month, day and year) April 8, 1875

7-AGE. 51 yrs. 7 mos. 18 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tea driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Atlantic Tea Co.

9-BIRTHPLACE (city or town) (State or Country). New York, N.Y.

PARENTS.

10-NAME OF FATHER, Simon Golanar

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Russia

12-MAIDEN NAME OF MOTHER, Ehrenberg.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Russia.

14- (Informant) Elizabeth Golanar

(Address) 1520 N. Bethel St.

15- Filed DEC 26 1926 192 SAMUEL A. JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 7, 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1926, to Dec. 7, 1926, that I last saw him alive on Dec. 6, 1926, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Data.

(Signed) Albert Singewald M. D.

12/7/, 1926. (Address) 618 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Bair Cemetery DATE OF BURIAL Dec 9/26

20-UNDERTAKER. A. L. Marshall ADDRESS 3539 Fall Rd

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16566

CERTIFICATE OF DEATH.

E 16566

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Woodyear St. Ward 16-6)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas E. Gray

(Residence in Baltimore: No. 1114 Woodyear St. Ward)

Single (Yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, White

4-COLOR OR RACE, C-L

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Single

6-DATE OF BIRTH, Oct 11, 1926 (Month) (Day) (Year)

7-AGE, ...yrs. 1 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Maryland

PARENTS.

10-NAME OF FATHER, Lewis Gray

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER, Lucy Smith

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lewis Gray

(Address) 1114 Woodyear St.

15- Filed DEC 8 - 1926 Registrar. FLAMPUS JONES, M. D. Per RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 4 1926, to Dec 6 1926, that I saw h... alive on Dec 6 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchitis

(Duration) ... yrs. ... mos. 17 ds.

(Signed) W. Crawford M. D.

12-7, 1926 (Address) 521 N. Bradford

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Western Star Cem. DATE OF BURIAL, 12-8 1926

20-UNDERTAKER, Samuel D. Wesley ADDRESS 538 N. Eden St.

Spec.—7-10-21—M&T—1500 Blks.

E 16567 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16567

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 N Eden St. 10-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Solomon

(a) RESIDENCE NO. 1304 E. Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER William E. Solomon

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ann Wiles

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Miss Maggie Solomon
(Address) 1304 N. Eden

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 5 , 19 26 , to Dec 7 , 19 26 .

that I last saw h... alive on Dec 6 , 19 26 .

and that death occurred, on the date stated above, at 8.55 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo Young M. D.

, 19 26 (Address) 1834 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Dec 9th 1926
20 UNDERTAKER	ADDRESS
George Schilling & Sons	1126 E Monument St

8 1926 C. HAMILTON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16568

CERTIFICATE OF DEATH.

E 16568

REGISTERED NO. 101-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Jefferson St. 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Sachs

(a) RESIDENCE NO. 120 N. Collington ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Sachs

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isaac Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Ida Sachs 120 N. Collington Ave

15 Filed [illegible] 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/7 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29th, 1926, to Dec. 7th, 1926, that I last saw h in alive on Dec 7th, 1926 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar-pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. A. McClelland M. D.

Dec 7th, 1926 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt. Carmel Cem

DATE OF BURIAL: 12/8 1926

20 UNDERTAKER: Jack Lewis

ADDRESS: 1439 E Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43

E 16569

CERTIFICATE OF DEATH.

E 16569
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St., 7-1 Ward).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Collins

(a) RESIDENCE NO. 707 N Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Joseph Collins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Isabella

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Home. Relative

(Address) 707 N Dallas St

C. HARRISON JONES, M. D.

15 Filed 19 Registrar

12-1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 4, 1926

17

I HEREBY CERTIFY, That I attended deceased from 5-8-26, 19, to Dec 4, 1926, that I last saw him alive on Dec 4, 1926, and that death occurred, on the date stated above, at 7.00 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bone & Tongue with Metastasis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Sign & Autopsy

(Signed) Wm Engle M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Dec 8 - 1926

Leakin cemetery

20 UNDERTAKER Miller & Sons ADDRESS 3161 Eden St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16570
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 16570
Registered No. .....

City of BALTIMORE: (No. 611 S. Luzerne St. 1-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antonie Cervinka

(a) Residence No. 611 S. Luzerne St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Antonie Cervinka

6-DATE OF BIRTH (month, day and year) Unknown

7-AGE. 81 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Bohemia

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Bohemia

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Bohemia

14- (Informant) Mary Tuba

(Address) 816 E. Lombard St

15- Filed DEC 8 1926 192 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 7/26

17- I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1926 to Dec 7, 1926

that I last saw h.. alive on Dec 7, 1926

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
(Terminal)

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardio-Nephritis

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? S. S. & S.

(Signed) John J. Kinsey, M. D.

, 19 (Address) 1629 Edgewood Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Redeemer	Dec 7, 1926
20-UNDERTAKER	**ADDRESS**
Hunt & Court Son	1966 Wood

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16571

CERTIFICATE OF DEATH.

161-002

E 16571

REGISTERED NO.

1-PLACE OF DEATH Maryland General Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 11-2 WARD)

2-FULL NAME Baby Stevenig

(a) RESIDENCE NO. Owings Mills Md ST. ..... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6, 1926.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or ~~20~~ min.
0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer /

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Lewis Stevenig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Amsterdam Md

12 MAIDEN NAME OF MOTHER Grace Shaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Westminster Md

14 Informant Lewis Stevenig (Address) Owings Mills Md

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1926, to Dec 6, 1926, that I last saw him alive on Dec 6, 1926, and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Prolonged Labor

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Dec 6

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Tompert M. D.

, 19 (Address) Md Penn Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Druid Ridge Cemetery Dec 9 1926

20 UNDERTAKER — ADDRESS

J. F. Ellis & Son Reisterstown Md

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16572 E 16572

CERTIFICATE OF DEATH.

REGISTERED NO. 111-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. STREET) 16-5 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James B. Little

(a) RESIDENCE No. 2535 Arunal Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Bessie E. Little

6 DATE OF BIRTH (month, day, and year) Feb 14 1852

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
44	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Planterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James Little

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): West Baltimore Gen Hosp.

15 Filed 12/7 19 26 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/20, 1926 to 12/7, 1926.

that I last saw h[illegible] alive on 12/7, 1926.

and that death occurred, on the date stated above, at 3 13 m.

The CAUSE OF DEATH* was as follows:

Ruptured duodenal ulcer

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/30/26

Was there an autopsy? No

What test confirmed diagnosis? Ruptured duodenal ulcer

(Signed) Edward J Jones M. D.

12/7, 1926 (Address) West Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Perryville Md

DATE OF BURIAL DEC 9 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS 2705 EDMONDSON AVE

E68 - 1926 HAMPSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16573

CERTIFICATE OF DEATH.

90

E 16573

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1543 Smallwood St ST., 15-12 WARD)

2-FULL NAME Ada Hankin

(a) RESIDENCE NO. 1543 Smallwood St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk (Mill)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Wm Hankin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mrs Miller

(Address): 1543 Smallwood St

15 Filed ..., 19 ... Registrar

FEB - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/8 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1926, to Dec 7, 1926, that I last saw h[illegible] alive on Dec 7, 1926 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis Mycarditis

(Rheumatic) Recurrent

Chronic

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? In City

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) [illegible] M. D.

Oct 6, 1926 (Address) 326 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mehren Hebrew Rest

DATE OF BURIAL 1/8 1926

20 UNDERTAKER: Jack Levin

ADDRESS 1439 E Balt St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16674

CERTIFICATE OF DEATH.

90 E 16574

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mo General Hospital ST., WARD)

2-FULL NAME Joseph Fischer

(a) RESIDENCE (Usual place of abode) No. 1182 Harlem Ave ST., WARD

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1, 1861

7 AGE Years 65 Months 6 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hope Records

(Address)

15 8-1926 Filed , 19 K K Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.7.26

17 I HEREBY CERTIFY, That I attended deceased from 12.6.26, 19 to 12.7.26, 19

that I last saw h live on 12.7.26, 19

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

(a) Cardio Vascular

(b) Uremia (Nephritis)

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, Cystitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jay O. Townsend M. D.

, 19 (Address) 1 W. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Dec 10 1926

20 UNDERTAKER Sos Joerdens & Son ADDRESS 2173 Pa Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

167-001

E 16575
1-PLACE OF DEATH

REGISTERED NO. E 16575

City of BALTIMORE: (No. 104 N Grant St., 23-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura V Johnson

(a) RESIDENCE NO. 104 N Grant St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Johnson Deceased

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Mrs. Margaret L. Sellman

(Address) 1422 Light St.

15 Filed ....., 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/6 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came Dec 6 death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Gas Poisoning Suicidal

duration ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Chas A Downes M. D. (Coroner)

, 19 2 (Address) 3326 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cedar Hill Cem	Dec 8 1926

20 UNDERTAKER Margaret L. Flynn ADDRESS 1422 Light St.

Dec 8 - 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16576

CERTIFICATE OF DEATH.

E 16576

REGISTERED NO. 4

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Inf Sunday St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Esther Suter Catonsville

(a) RESIDENCE NO. Beaumont + Edmondson Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single~~ Married, ~~Widowed, or Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of H. Clay Suter Sr.

6 DATE OF BIRTH (month, day, and year) May 2 1859

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
67	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Hereford

(State or country) Balto Co Md

PARENTS

10 NAME OF FATHER H C Hicks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hereford Balto Co Md

12 MAIDEN NAME OF MOTHER Jane T. Tipton

13 BIRTHPLACE OF MOTHER (city or town) Balto Co

(State or country) Md

14 Informant H. Clay Suter Sr,

(Address) Edmondson Ave & Beaumont

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

December 7, 1926

17

I HEREBY CERTIFY, That I attended deceased from December 6 1926 to December 7, 1926,

that I last saw her alive on December 7, 1926,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chronic Interstitial Nephritis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Vernon H. Norwood, M. D.

Dec 7. 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park	Dec 10 1926

20 UNDERTAKER George J. Smith ADDRESS 1332 Hollins St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 16577

CERTIFICATE OF DEATH.

E 16577

REGISTERED NO. ____

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 N. Eden 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Smith

(a) RESIDENCE NO. 503 N Eden St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May 29-26

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	0	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER William Clark

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Adell Smith

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Adell Smith

(Address) 503 N Eden St

15 Filed ____, 19__

8 - 1926 Per: ____ Registrar

CHARLTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1926, to Dec 6, 1926, that I last saw h.. alive on Dec 5, 1926, and that death occurred, on the date stated above, at 1 4 a m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ....yrs. ....mos. 12 ds.

CONTRIBUTORY (Secondary) Forceps

(duration) ....yrs. ....mos. 12 ds.

18 Where was disease contracted

If not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) J. Edward Fisher, M. D.

12-7 1926 (Address) 16 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Cem. — Date of Burial: Dec 8 1926

20 UNDERTAKER: Geo R A Elliott — ADDRESS: 1725 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16578

CERTIFICATE OF DEATH.

129 E 16578

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1703 N Mount St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Brooks

(a) RESIDENCE NO. 1703 N Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	colord	Maried

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Hardin Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Samuel Brooks

(Address) 1703 N. Mount St.

15 Filed 19 For

C. HARRIS JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Ac Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Eclampsia

(duration) yrs. mos. ds.

Dec 7 1926 (Signed) G. Gade M. D.

(Coroner)

(Address) 143 N Bway

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hardin Va. Date of Burial Dec 8/1926

20 UNDERTAKER Samuel Easton ADDRESS 916 Bway

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16579

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 16579

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 649 N. Paca ST. 17-3 WARD)

2-FULL NAME Harrison J. Dixon

(a) RESIDENCE NO. 649 N. Paca St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or County) Balto Co
(State or Country)

10 NAME OF FATHER Louis Dixon

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Harriet Barrick

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

Informant Lewis Dixon
(Address) 649 N Paca st

Filed ..... 19 ..... Registrar

C. H. [illegible] JONES, M.D.
1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1926, to Dec 7 1926,

that I last saw him alive on Dec 7 1926

and that death occurred, on the date stated above, at 6.20 A. m.

The CAUSE OF DEATH* was as follows:

Primary heart disease
aortic (mitral) stenosis

(duration) Not known yrs. mos ds.

CONTRIBUTORY (Secondary) None known
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Chas J Keller, M. D.

1926, 19 (Address) 122 Wilkinson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Lawn	Dec 10/1926
20 UNDERTAKER Harry T Easton	ADDRESS 916 Park ave

Spec.-7-17-26—A Co.—200 Blks.

580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 16580

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Providence Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Noah Peters

(a) RESIDENCE NO. 630 W Biddle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Dont Know

14 Informant Lula Peters

(Address) 1134 Myrtle ave

15 Filed DEC 8 - 1926, 19 C. H. PERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1926, to Dec 6, 1926, that I last saw him alive on Dec 5, 1926, and that death occurred, on the date stated above, at 6 10 A m.

The CAUSE OF DEATH* was as follows: Uremia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) nephritis (chronic interstitial).

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) Chas. O. Laine, M. D.

, 19 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cem	Dec 8 1926

20 UNDERTAKER Harold Easton

ADDRESS 916 Eutaw

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16581

1-PLACE OF DEATH

City of BALTIMORE: (No. 908 E Fuston St., 9-1 Ward)

2-FULL NAME Thomas F. Coyne

(a) RESIDENCE NO. 908 E Fuston St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

90

E 16581

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mayme M. Coyne

6 DATE OF BIRTH (month, day, and year): Dec 3, 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
45	46	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Furniture 045

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) ~~Name of employer~~: Coyne Bros

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Patrick Coyne

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Ireland

14 Informant: Mayme M. Coyne

(Address): 908 E Fuston St.

15 Filed 3 - 1926 Ret. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1926

17

I HEREBY CERTIFY, That I attended deceased from 8/21, 1926 to 12/7, 1926, that I last saw h[illegible] alive on 12/7, 1926 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General anasarca

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Dr Bernard Wolff, M. D.

12/7, 1926 (Address) 914 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bonnie Brae Cem — Date of Burial: 12/10 1926

20 UNDERTAKER: Rita Wadefield — ADDRESS 914 Fremont

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16582

CERTIFICATE OF DEATH.

129

E 16582

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1907 E. North Ave St. 8-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Hoffmann.

(a) RESIDENCE NO. 1907 E. North Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Hoffmann.

6 DATE OF BIRTH (month, day, and year) May 21-1849.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 6

(b) General nature of industry, business, or establishment in which employed (or employer) Stief Piano Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany.

PARENTS

10 NAME OF FATHER Anthony Hoffmann

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ger.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ger.

14 Informant Frances Hoffmann.

(Address) 1907 E. North Ave

15 Filed 6-1926 19 RL Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5-1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1926 to Dec 5, 1926, that I last saw h. alive on Dec 3, 1926, and that death occurred, on the date stated above, at 12.55 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) D S Gray, M. D.

12/6/26 (Address) 6222 N. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. Date of Burial Dec 9 1926

20 UNDERTAKER Kelly and Zeiler ADDRESS 403 S. Wolfe St

Spec.—1-10-21—M&T—1500 Bks.

E 16583

HEALTH DEPARTMENT—CITY OF BALTIMORE.

X 100-001

CERTIFICATE OF DEATH.

E 16583

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. (ST.) 25-2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm Vane

(a) RESIDENCE NO. Linthicum Heights Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 29-1916

7 AGE: Years 10 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Attended School

(b) General nature of industry, business, or establishment in which employed (or employer): 600

(c) Name of employer

9 BIRTHPLACE (city or town) City, Balto (State or country)

PARENTS

10 NAME OF FATHER Joo Vani

11 BIRTHPLACE OF FATHER (city or town) Austria (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Elizabeth Reiter

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md. (State or country)

14 Informant Joo. Vane (Address) Linthicum Heights

15 Filed 1926 19 Registrar R.K. Mg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 19 26

17 I HEREBY CERTIFY, That I attended deceased from 11-26, 1926, to 12-6, 1926, that I last saw him alive on 12-6, 1926, and that death occurred, on the date stated above, at 6 30 P.m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency and Respiratory failure

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Atheron Hunter M. D.

(Address) St Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Dec. 9th 1926

20 UNDERTAKER: Lilly & Zeiler ADDRESS: 403 S. Wolfe St.

Cor.—12-9-25—A Co.—200 Bks.

Louis Moore

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16584

CERTIFICATE OF DEATH.

101-001

E 16584

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Homely Pass St., 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Moore

(a) RESIDENCE NO. 332 S Monroe St. Elk Ridge Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nat Frances

6 DATE OF BIRTH (month, day, and year): May 4 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teamster

(b) General nature of industry, business, or establishment in which employed (or employer): Master

(c) Name of employer

9 BIRTHPLACE (city or town): Balt

(State or country)

PARENTS

10 NAME OF FATHER: John Moore

11 BIRTHPLACE OF FATHER (city or town): Balt

(State or country)

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town): not known

(State or country)

14 Informant: Elmora McCubbin

(Address) 332 S Monroe St

Filed DEC 8 - 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Daniel F Duncan M. D.
(Coroner)

, 1926 (Address) 332 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial: Dec 9 1926

20 UNDERTAKER: John F Fields ADDRESS: 520 W Fayette

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16585
1-PLACE OF DEATH

CERTIFICATE OF DEATH

74-001

E 16585
REGISTERED NO. .

City of BALTIMORE: (No. 2126 Bank St., 1-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugenia J. Yaeger

(a) RESIDENCE NO. 2126 Bank St. / Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Albert E. Yaeger

6 DATE OF BIRTH (month, day, and year) July 16th 1865

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	61	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER John B. Olfers

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Schwartz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Milton A. Yaeger
(Address) 2 Druid Hill Terrace Apts

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6th 1926

17 I HEREBY CERTIFY, That I attended deceased from 12 4, 19 26, to 12 6, 19 26,
that I last saw h[illegible] alive on 12 6, 19 26,
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:

[illegible]

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos ..... ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physician

(Signed) [illegible], M. D.
, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Matthews Cemetery	Dec. 9th 1926
20 UNDERTAKER	ADDRESS
Lilly + Zeiler	1037 N. Wolfe St

...c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16586

E 16586

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 N. Eagnutt ST., 4-7 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguth Lessner

(a) RESIDENCE NO. 1928 N. Eagnuth ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry J. Lessner

DATE OF BIRTH (month, day and year): March 18 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	62	9	12. 17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House 03

(b) General nature of industry, business, or establishment in which employed (or employer): Work.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Henry Connorly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Finch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

PARENTS

14 Informant (Address): Mrs. Hannah Hayden 1525 Eastern Ave

15 Filed 1926 C. H. ...SON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1926, to Dec. 5, 1926.

that I last saw her alive on Dec. 5, 1926

and that death occurred, on the date stated above, at 12 05 M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Leeman Nash, M. D.

Dec. 7, 1926 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Hyland Rd.

DATE OF BURIAL: Dec 9 1926

20 UNDERTAKER: Wendell & Hyppel

ADDRESS: 301 N Colvin

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16587

CERTIFICATE OF DEATH.

× 29

E 16587

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 1721 WARD)

2-FULL NAME Wm Thomas Lawton

(a) RESIDENCE NO. Dubois town, Pa - ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~or) WIFE of~~ Rebecca Lawton ~~Wm. T. Lawton~~

DATE OF BIRTH (month, day, and year) Jan 15. 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 years	11 10	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa -

10 NAME OF FATHER Joseph Lawton (d).

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Margaret Park

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Wm T. Lawton - (deceased)

(Address) Rebecca Lawton Dubois Town, Pa

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov- 17, 1926, to Dec 8, 1926, that I last saw him alive on Dec. 8, 1926, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Tetanus -

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Unknown -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Nov 19, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical course only.

(Signed) J B Price, M. D.

, 19 (Address) Union Mem. Hosp-Bal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamsport, Pa

DATE OF BURIAL Dec 8, 1926

20 UNDERTAKER Wm Lewis - 501 E. Monument

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

E 16588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162 E 16588

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby (Girl) Lewin

(a) RESIDENCE NO. 112 S Exeter st St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-7-1926

7 AGE — Years — Months — Days — IF LESS than 1 day 4 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Isadore Lewin

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Diana Berlin

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Russia

14 Informant Isadore Lewin

(Address) 112 S Exeter st

15 Filed ... (19...) C. HAMPSON JONES, M. D.

Registrar

Per KCH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12-7-1926

17

I HEREBY CERTIFY, That I attended deceased from 12-7, 1926, to 12-7, 1926, that I last saw h.e alive on 12-7, 1926, and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Asphyxia
atelectasis

. (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of: ...

Was there an autopsy? no

What test confirmed diagnosis? clinically

(Signed) Harry Weinraub, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — Date of Burial: D-8 1926

20 UNDERTAKER: S Levenson Bro — ADDRESS: 1105 Balto st

Cor.—12-9-25—A Co.—200 Bks.

E 16589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16589

REGISTERED NO. 185

1-PLACE OF DEATH

City of BALTIMORE: (No. Corcoy. Hosp St., 76-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin Schrader

(a) RESIDENCE NO. 3707 Fait av St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill hand

(b) General nature of industry, business, or establishment in which employed (or employer) 646

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER M Schrader

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Johanna Schrader.

(Address) 3707 Fait ave

15 Dec 6 1926 C. HAMPSON JONES, M. D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6. 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract. skull caused by accidentally falling from platform while at work

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed W. Pirie M. D.

(Coroner)

Dec , 19 (Address) 1037 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 2 days yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

St. Stanislaus, Dec. 9, 1926.

20 UNDERTAKER M. F. Sadowski ADDRESS 705 S. Amity

Spec.—1-10-21—M&T—1500 Bks.

Spec.—1-10-21—M&T—1500 Blks.

16590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16590

CERTIFICATE OF DEATH.

5 101-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hospital Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R. Shubert

(a) RESIDENCE NO. 1800 N. Calvert ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6 DATE OF BIRTH (month, day, and year) Dec 27. 1878

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
47 48	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: not any

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jos. H. Shubert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary L Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Charlotte V. Reed

(Address)

15 Filed 1928 H. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1926, to Dec. 5, 1926.

that I last saw him alive on Dec 5, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? no

(Signed) Hugh Forsythe, M. D.

12-6 1926 (Address) 424 E. 20th ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Dec 9. 1926

20 UNDERTAKER: John E. Mitchell ADDRESS: 1201 W Fayette

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16591

CERTIFICATE OF DEATH.

474-001

E 16591

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 336 So. Smallwood St. Ward)

2-FULL NAME Wilhelm F. Such

(a) RESIDENCE NO. 336 So. Smallwood St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 22nd 1841 Nov. 22-1841

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	85		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wheelwright

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER F. Such

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Reimann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Matilda Such

(Address) 336 So. Smallwood St

15 Filed _____ 19__ C. HAMPSON JONES, M. D.

1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6th 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by the Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. B. Horton M. D.

(Coroner)

Dec 7th 1926 (Address) Curtis Bay, Balto. Md

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery Date of Burial Dec 10 1926

20 UNDERTAKER George L. Schmidt ADDRESS 1101 Fidelity

Spec.—1-10-21—M&T—1500 Blks.

16592 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16592

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 S Pulaski St. 20-4 WARD) 101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jno. A. Goldmacher

(a) RESIDENCE NO. 334 S Pulaski ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Margaret A. Goldmacher

6 DATE OF BIRTH (month, day, and year) Sept. 26, 1873

7 AGE: Years 53 | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman Confectionery Store

(b) General nature of Industry, business, or establishment in which employed (or employer): Confectionery

(c) Name of employer: Short & Dobkin

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frederick Goldmacher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Mayhoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Jno. Augustus A. Goldmacher (Address) 334 S. Pulaski St.

15 Filed 3-1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1926, to Dec 7, 1926, that I last saw him alive on Dec 6, 1926 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows: Cardiac Asthenia & Toxemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Lalge, M. D.

12/8, 1926 (Address) 2027 W Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wallis Cemetery | DATE OF BURIAL: Dec. 10 1926

20 UNDERTAKER: George L. Schwab | ADDRESS: 2 W Fayette St

ec.—1-12-23—M&T—500 Blks.

E 16593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16593

CERTIFICATE OF DEATH.

76-8 172-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3230 O'Donnell ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa Sauer

(a) RESIDENCE NO. 3230 O'Donnell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Sauer

DATE OF BIRTH (month, day, and year) March 9-1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	27	

OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Not known Germany

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant John Sauer

(Address) 3230 O'Donnell St.

15 Filed DEC 9 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6. 1926

17 I HEREBY CERTIFY, That I attended deceased from about Nov 1, 1926, to Dec 6, 1926.

that I last saw h alive on Dec 5, 1926,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial hepatitis

(abdominal ascites)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

147, 1926 (Address) 1014 S. Edward Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Dec 9 1926

20 UNDERTAKER Zirkler & Zirkler — ADDRESS 1739 E. Eager St.

ec. 6-9-19—H. P. Co.—1000 Bks.

E 16594

16594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 129

1-PLACE OF DEATH

TY OF BALTIMORE: (NO. 2613 ~~Brockley~~ Barclay ST. 17-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Jane Anderson

(a) RESIDENCE. NO. 2615 Barckley ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Anderson

DATE OF BIRTH (month, day, and year) Aug 12 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Albert Anderson 2613 Barckley St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1926, to Dec. 6, 1926

that I last saw her alive on Dec. 6, 1926

and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 20 + yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Justin F. Robinson, M. D.

12/8 1926 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery &	Dec 1926
20 UNDERTAKER E LeRoy Stuffle	ADDRESS 1334 North ave

...c.—1-12-23—M&T—500 Bks.

E 16595

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16595

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3216 Auchentorely Terrace ST., 13-5 WARD)

2-FULL NAME Enoch Thomas Stuart

(a) RESIDENCE No. 3216 Auchentorely Terrace ST., 13 WARD Resident
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hollie M. Stuart

DATE OF BIRTH (month, day, and year) Aug. 11-1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	3	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Catonsville Md.

PARENTS

10 NAME OF FATHER David Stewart

11 BIRTHPLACE OF FATHER (city or town) Woodstock (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Davis

13 BIRTHPLACE OF MOTHER (city or town) Woodstock (State or country) Howard Co. Md.

14 Informant Mrs. Hollie M. Stuart (Wife)
(Address) 3216 Auchentorely Terrace

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7 19 26

17 I HEREBY CERTIFY, That I attended deceased from September 9, 19 26, to December 7, 19 26, that I last saw him alive on December 6, 19 26, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the prostate

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia with chronic pyelo-nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Rectal examination

(Signed) G. R. Faucett, M. D.

12-7-1926 (Address) Guenther Bldg City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec. 9 19 26

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

ADDRESS 108 W. NORTH AVE.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16596 (corrected from E 16596)

31 E 16596

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1425 Bank St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Schmidt

(a) RESIDENCE NO. 1425 Bank St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Schmidt

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	62	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Fish Market

(c) Name of employer City

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John F. Schmidt

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Bode

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Annie Schmidt

(Address) 1425 Bank St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30 1926, to Dec 6, 1926, that I last saw h[illegible] alive on 12/6/26, 19..., and that death occurred, on the date stated above, at 8 20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) 6 yrs. mos. ds.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Ellsworth M. D.

, 19 (Address) 1340 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial Dec. 9 1926

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St

Spec.-7-17-26—A Co.—200 Bks.

E 16597.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 16597.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 410 N. Caroline St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline Bishop

(a) RESIDENCE NO. 410 N. Caroline St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George C. Bishop

6 DATE OF BIRTH (month, day, and year): April 4 1847

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	79	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Germany

PARENTS

10 NAME OF FATHER: James S. Hochadel

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Not Known

14 Informant: (Mrs) Martha Mears (Daughter)

(Address) 4621 E. 30th St.

15 Filed ....., 19.... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Dec 7, 1926, that I last saw h. 21 alive on Dec 7, 1926, and that death occurred, on the date stated above, at 8.17 p. m.

The CAUSE OF DEATH* was as follows:

1 Chronic Myocardial Insufficiency

Cerebral Apoplexy

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Pneumonia Oedema.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm G. Seyer M. D.

19 (Address) 156 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore Cemetery	Dec. 10 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc	1710 Fleet St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16598

101-001

E 16598

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No._____ St. 3-V _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Marcinko

(a) RESIDENCE NO. 415 S. Bond St., _____ St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 30 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M.	W.	Divorced

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18 1888

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Ø

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Stanislaus Marcinko

11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Anna Pawlezyk

13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

14 Informant Miss Constance Marcinka

(Address) 232 Canal Street

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1926, to Dec 6, 1926,

that I last saw h— alive on Dec. 6, 1926

and that death occurred, on the date stated above, at 12:25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. Hewetta, M. D.

19 (Address) P. Hewetta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — Date of Burial: Dec 10 1926

20 UNDERTAKER: John Maher — ADDRESS: 1803 Bank St

Cor.—12-9-25—A Co.—200 Bks.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16599 | CERTIFICATE OF DEATH. | E 16599

X 188-03

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hosp. St. 41 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Frederick Muller

(a) RESIDENCE NO. Ellicott City St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Mar 27 1912

7 AGE: Years 14 Months 7 Days 8 IF LESS than 1 day.....hrs. or.....min. 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Louis Frederick Muller

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER Doris Powers

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant University Hospital Records

(Address)

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on the 7th day of December (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Contusion of Brain & Laceration of Skull

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Fractured Skull

(duration) .....yrs. 5 mos. .....ds.

(Signed) Reuben Owen M. D.

(Coroner)

, 19 26 (Address) 325 Cat St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Louis Cemetery — Date of Burial: Dec 10, 1926

20 UNDERTAKER: Eaton Sons — ADDRESS: Ellicott City

1926 — ANSON JONES, M.D.

Spec.—1-10-21—M&T—1500 Bks.

E 16600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16600

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 N. Gilmor St. 14-1 WARD)

REGISTERED NO. 161-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Virginia Crampton

(a) RESIDENCE NO. 1806 McCulloh ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): Nov 27, 1926

7 AGE: Years —, Months —, Days 10, If LESS than 1 day, hrs. or min. 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Lemuel Crampton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Carrie Culey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Carrie Crampton
(Address): 1806 N. McCulloh St

15 Filed Dec. 9, 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7th 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 27th 1926, to Dec 7th 1926,

that I last saw h alive on Dec 5th 1926,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth 8 mos

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Harry J. Brown M. D.

Dec 8, 1926 (Address) 1806 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Farmville Del.

DATE OF BURIAL: 12/9/26

20 UNDERTAKER: Samuel J. Stanley

ADDRESS 578 N Bridge

Spec.—12-9-25—A'Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 16601. **E 16601.**

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 642 Josephine St. 4-1 Ward)

2-FULL NAME Mary McClure

(a) RESIDENCE NO. 642 Josephine St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	married

5a If married, widowed or divorced (or) WIFE of John McClure

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wilson

(State or country) N.C.

PARENTS

10 NAME OF FATHER Atkinson

11 BIRTHPLACE OF FATHER (city or town) [redacted]

(State or country) [redacted]

12 MAIDEN NAME OF MOTHER Atkinson

13 BIRTHPLACE OF MOTHER (city or town) [redacted]

(State or country) [redacted]

14 Informant John McClure

(Address) 642 Josephine St

15 Filed _____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-7-1926

17

I HEREBY CERTIFY, That I attended deceased from 11-18-, 1926, to 12-7-, 1926,

that I last saw h__ alive on 12-7-, 1926,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho pneumonia

Acute endocarditis

Acute nephritis

(duration) ____ yrs. ____ mos. 19 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

if not at place of death?

Did operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. L. Jackson, M. D.

12/7/26 (Address) 808 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Date of Burial 12/8 1926

20 UNDERTAKER Samuel H Kemby ADDRESS 578 W Fayette

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16602 E 16602

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 780 W Saratoga ST. 4-1 WARD)

2-FULL NAME David Brown

(a) RESIDENCE NO. 780 W. Saratoga ST., WARD Wilmington NC

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Brown

DATE OF BIRTH (month, day, and year) 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Florence S. C.

10 NAME OF FATHER Wm Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Marie Brown
(Address) 780 W. Saratoga

Filed - 1926, 19 RPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 8, 1926, that I last saw him alive on Dec 7, 1926 and that death occurred, on the date stated above, at 1202 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J K Caskey M. D.

19 (Address) 107 Orange St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington N.C — DATE OF BURIAL: 12/9 1926

20 UNDERTAKER: Samuel T Kinsley — ADDRESS: Wilmington

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16603

CERTIFICATE OF DEATH.

118-001

E 16603

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square ST., 15-9 WARD)

2-FULL NAME Mrs. Anna Hess

(a) RESIDENCE No. 652 Ashburton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Hess

6 DATE OF BIRTH (month, day, and year): Jan 23 1893

7 AGE — Years: 33 — Months: 10 — Days: 14 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Saml Hornsby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Northumberland Co Va

12 MAIDEN NAME OF MOTHER: Mary E Oliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Northumberland Co Va

14 Informant: Samuel T. Hornsby (Address) 26 Hanover Street

15 Filed [illegible], 19 [illegible] 1926 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1926, to Dec 7, 1926

that I last saw her alive on Dec 7, 1926

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction following Umbilical hernia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/7/26

Was there an autopsy? No

What test confirmed diagnosis? Clin Exam

(Signed) Louis T. Levy, M. D.

(Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Dec 10 1926

20 UNDERTAKER: Robert Brookerson

ADDRESS: Calhoun Hollins

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16604

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 5 ST. W WARD)

REGISTERED NO. 179 E 16

(If death oc a hospital o tion, give it instead of s number.)

2-FULL NAME Choy Bayan

(a) RESIDENCE NO. 431 Risgwith St. Balto. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

(If non-resident give city or town

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Tom Bayan

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Sarah Milburn

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Friend

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..., 19... Registrar

DEC 9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6

17

I HEREBY CERTIFY, That I attended d
Nov. 23, 1926, to Dec 6
that I last saw h alive on Dec 6
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

Coma

(duration) yrs. m

CONTRIBUTORY (Secondary) Broncho Pneum

(duration) yrs. m

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal Fluid

(Signed) Eugene L Cotswold, M.D.

, 19 (Address) Johns Hopkins Hosp, Balto

*State the Disease Causing Death, or in deaths from Vio state (1) Means and Nature of Injury, and (2) whether Suicidal, or Homicidal. (See reverse side for additional space

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE

JOHNS HOPKINS HOSPI

20 UNDERTAKER — ADD

C. HAMILTON JONES, JR.

JOHNS HOPKINS HOSPIT

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 16605
REGISTERED NO.

E 16605
1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1844 W. Pratt St., 19-2 Ward)

2-FULL NAME Elizabeth Elnore Todd

(a) RESIDENCE NO. 1844 W. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 26 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John. E. Todd.

6 DATE OF BIRTH (month, day, and year): 12-13-1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: J. Tyler.

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Mr. John E. Todd

(Address): 1844 W. Pratt

15 Filed 19 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec. 8th 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Dec. 8th, 1926, that I last saw her alive on Dec. 7th, 1926, and that death occurred, on the date stated above, at 3:00 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Advanced cardio-renal disease with hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) W. H. Triplett, M. D.

, 19 (Address) 1324 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial 12/11 1926

20 UNDERTAKER: J. Few McCully ADDRESS 130 E. Fort

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16606

CERTIFICATE OF DEATH.

E 16606

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 N Calvert St.; 12-5 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorenia H. Flemming.

(Residence in Baltimore: No. 2124 N. Calvert st St.; ..yrs.. ..mos. ..da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

6-DATE OF BIRTH, July 21, 1868
(Month) (Day) (Year)

7-AGE, 58 yrs. 4 5 mos. 17 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Home
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Washington D.C.

PARENTS.

10-NAME OF FATHER, Geo. N. Haubenbeyles.

11-BIRTHPLACE OF FATHER (State or Country), Newark. N.J.

12-MAIDEN NAME OF MOTHER Susie Conover.

13-BIRTHPLACE OF MOTHER (State or Country), Red Bank. N.J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lloyd H. Flemming

(Address) 2124 N Calvert.

15- Filed ... DEC 9 1926 ... 191... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 8, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from May 1. 1926, to Dec. 8 1926, that I saw h.. alive on Dec. 7 1926, and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver & Stomach

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

(Signed) Robert C. Blake M. D.

....., 191... (Address) 1014 W Fayette

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Linden Cemetery Roslyn Park N.J. — DATE OF BURIAL, Dec. 10, 1926

20-UNDERTAKER C Carson Kennard — ADDRESS 733 W. Lafayette Ave

Not Filed State Dept

Cor.—12-9-26—A Co.—200 Bkm.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16607

CERTIFICATE OF DEATH.

31 E 16607

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 429 N. Dallas 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susie White

(a) RESIDENCE NO. 429 N. Dallas St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Alice Dixon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Maria Floyd

(Address) 1641 E. Monument St

15 Filed_____, 19____ Registrar

DEC 9 - 1926

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Nov 30/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulmonary Tuberculosis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Cates M. D.

(Coroner)

12/9/1926 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery Date of Burial Dec 2 1926

20 UNDERTAKER Edward Bryan ADDRESS 1651 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16608

CERTIFICATE OF DEATH.

90 E 16608

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1602 Presbman St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Cole

(a) RESIDENCE NO. 1602 Presbman St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 070

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Thos. Jefferson

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Samuel Cole

(Address) 1602 Presbman

15 Filed DEC 9 - 1926 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic

(duration) yrs. mos. ds.

Dec 9/26 (Signed) H. H. Jones M. D. (Coroner)

(Address) 143 E Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Bth Auburn	Dec 10 1926

20 UNDERTAKER	ADDRESS
Wm H Edgerton	446 Mosher

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16609

CERTIFICATE OF DEATH.

90 ✓ E 16609

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1343 Wheeler St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas H. Jones

(a) RESIDENCE NO. 1343 Wheeler St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina

PARENTS

10 NAME OF FATHER William Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C

14 Informant Rev. H. C. Lee

(Address) 1313 N. Carey

15 Filed 9 1926 19 THOMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors (Jury, at autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

(Signed) C. C. Slade, M. D.

(Coroner)

Dec 9 '26 17 (Address) 1142 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Date of Burial DEC 10 1926

20 UNDERTAKER Clarence Wright ADDRESS 1364 Carey

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

60-001

E 16610

CERTIFICATE OF DEATH.

E 16610

REGISTERED NO. 9

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emilia Benjamin

(a) RESIDENCE NO. 801 N. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Benjamin

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: 42 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Father Gaither

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Rebecca

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Ben Benjamin

(Address): 801 N Broadway

15 Filed DEC 9 1926 HAMILTON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: December 9th

17

I HEREBY CERTIFY, That I attended deceased from November 7th 1926, to December 9th, 1926, that I last saw her alive on December 9th, 1926, and that death occurred, on the date stated above, at 6:55 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. mos. 7 hours ds.

CONTRIBUTORY (Secondary): Exophthalmic Goitre

(duration) yrs. 6 mos. 26 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of December 7th

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Edmund Levin, M. D.

12/9, 1926 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rebecca Rosedale — Date of Burial 12/9 1926

20 UNDERTAKER: Jack Levis — ADDRESS 1408 E Baltimore

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16611

E 16611

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola M. Rill

(a) RESIDENCE No. Finksburg, Maryland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred None Resident yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Sept 5, 1921

AGE	Years	Months	Days	If LESS than 1 day, ..hrs or ..min.
	5	3	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Chas. R. Rill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Chas. R. Rill

(Address) Finksburg

Filed DEC 9 1926 RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1926, to Dec 9, 1926, that I last saw her alive on Dec 9, 1926, and that death occurred, on the date stated above, at 7.50 a m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of 11/27/26

Was there an autopsy? No

What test confirmed diagnosis Clinical & Path. K.L. cult.

(Signed) Myron G. Rull, M. D.

12/9, 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wesley Chapel Cemetery Md	12/10, 1926
20 UNDERTAKER	ADDRESS
Edw. Tipton	Hampstead Md

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16612

CERTIFICATE OF DEATH.

90

E 16612

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1823 Gough ST. 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Mc Neal

(a) RESIDENCE NO. 1823 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McNeal

DATE OF BIRTH (month, day, and year) ~ 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (Old)

(b) General nature of industry, business, or establishment in which employed (or employer) Watchman City

(c) Name of employer

BIRTHPLACE (city or town) Ireland (State or country)

PARENTS

10 NAME OF FATHER John McNeal

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Cath. Cunningham

13 BIRTHPLACE OF MOTHER (city or town) Ire (State or country)

14 Informant Nora Purzer (Address) 829 E. Chase St

Filed DEC 9 - 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1926. to Dec. 7, 1926.

that I last saw him alive on Dec. 7, 1926.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Chronic)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. L. Pessagno M. D.

12.9.26 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	12/10 1926
20 UNDERTAKER John A. Moran	ADDRESS 3000 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16613

CERTIFICATE OF DEATH.

57 E 16613

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 23 S. Chester ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Garrett

(a) RESIDENCE No. 23 S. Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced. (write the word) S

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 10 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	2	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER John Garrett

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Eliz. Blaine

13 BIRTHPLACE OF MOTHER (city or town) City
(State or country)

14 Informant Rose Garrett
(Address) 23 S. Chester St

15 Filed ..... 19 ..... Registrar

C. HAMPTON JONES, M. D.
9 - 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/8/26 .19

17

I HEREBY CERTIFY, That I attended deceased from May, 19 26, to 12/8/26, 19 ....

that I last saw h.. alive on 12/8/26, 19 ....

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur Lebherz M. D.

19 (Address) 2011 E Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	12/11 1926
20 UNDERTAKER John A. Moran	ADDRESS 3000 E. Baltimore St.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16614

CERTIFICATE OF DEATH.

124 E 16614

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2831 Winchester ST. 46-3 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fay Bailey

(a) RESIDENCE. No. 2831 Winchester ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hugh S. Bailey

6 DATE OF BIRTH (month, day, and year): Oct 12-1894

7 AGE: Years 32 Months 1 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Jacob Greenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Henrietta Baumgarten

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hugh S. Bailey (Address) 2831 Winchester St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1926, to Dec. 7, 1926, that I last saw h— alive on Dec 7, 1926, and that death occurred, on the date stated above, at 3:40 a m.

The CAUSE OF DEATH* was as follows: Hypertrophied liver

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Hemorrage from stomach (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. [illegible] M. D.

12/8, 1926 (Address) 3901 Jacksonia

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. DATE OF BURIAL: Dec 10-26

20 UNDERTAKER: Chas. H. Grave & Son ADDRESS: 118 W. Mt Royal Ave

Spec.—1-10-21—M&T—1500 Bks.

16615 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16615

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Tamanend

CITY OF BALTIMORE: (No. 4508 Arlington Ave ST., 47 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma A Marcus

(a) RESIDENCE NO. 4508 Arlington Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Marcus

6 DATE OF BIRTH (month, day, and year): June 17 1866

7 AGE: Years 60 . Months 5 . Days 28 . If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Nashville Tenn

PARENTS

10 NAME OF FATHER: August F Voigt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie Meisel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Lena Voigt
(Address): 4508 Arlington Ave

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 , 1926 , to Dec 7 , 1926 .

that I last saw h alive on , 19 ;

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Breast

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 2 yrs ago

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John H Gresham M. D.

Dec 8 , 19 26 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Dec 10 1926
20 UNDERTAKER	ADDRESS
E Schumacher Son	1004 Fairmount

c.—1-12-23—M&T—500 Blks.

16616

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16616

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 105 Woodlawn Road ST. 27-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edwin Forest Bokee

(a) RESIDENCE NO. 105 Woodlawn Road, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Bokee

DATE OF BIRTH (month, day, and year) Aug. 7, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	4	--	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale China

(b) General nature of Industry, business, or establishment in which employed (or employer) For Self

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

10 NAME OF FATHER William H. Bokee

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Parker

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Howard S. Bokee

(Address) 5 Longwood Road, Roland Park

Filed ... 1926 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7, 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1926, to Dec. 7, 1926, that I last saw him alive on Dec. 7, 1926, and that death occurred, on the date stated above, at 9.15 p. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) [illegible], M. D.

Dec. 8, 1926 (Address) 3701 Roland Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec. 10 1926

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 N Gilto St

—1-12-23—M&T—500 Blks.

16617

HEALTH DEPARTMENT—CITY OF BALTIMORE

16617

CERTIFICATE OF DEATH.

58-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 Edmondson Ave. (ST.) 19-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Godfrey Boyd

(a) RESIDENCE NO. 1711 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 12, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	10	27 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 609

(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore City

(c) Name of employer: Post Office

BIRTHPLACE (city or town) Mt. Carmel,

(State or country) Balto.Co., Md.

10 NAME OF FATHER: Wm. Benjamin Boyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Margaret E. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant (Address): Miss S. Cornelia Boyd, 1711 Edmondson Avenue

Filed ..... 19 ..... Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec 13, 1923, to Dec 9, 1926, that I last saw him alive on Dec 8, 19 26, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. Conrad Keech, M. D.

(address) 2502 Calverton Hgts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 12, 26

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 W. Pratt St.

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16618

~~C~~ 16618

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hosp. 21-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry H Brimmer

(a) RESIDENCE NO.. 738 W. Hamburg ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy Brimmer

DATE OF BIRTH (month, day, and year) May 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paper Hanger

(b) General nature of industry, business, or establishment in which employed (or employer) 65

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto - Md

PARENTS

10 NAME OF FATHER John Brimmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto - Md

12 MAIDEN NAME OF MOTHER Lizzie Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto - Md

14 Informant Charles A. Brimmer

(Address) 738 W. Hamburg St

15 Filed 1926 C. E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1926, to Dec 9th, 1926, that I last saw him alive on Dec 8th, 1926, and that death occurred, on the date stated above, at 12.15 m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) K. J. Steinmuller, M. D.

, 19 (Address) 377 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Dec 11 1926

20 UNDERTAKER Mr. Mrs. J. W. Teufel & Son — ADDRESS 508 W Fayette

Spec.—12-9-25—A Co.—200 Blks.

Fleck

16619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 16619

1-PLACE OF DEATH

City of BALTIMORE: (No. 13 W. Hamilton St. 27-12 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Charles F. Fleck.

(a) RESIDENCE NO. 13 W. Hamilton St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Regina Fleck.

6 DATE OF BIRTH (month, day, and year): July 11, 1856

7 AGE — Years: 70 — Months: 5 — Days: 18 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Germany

PARENTS

10 NAME OF FATHER John C. Fleck.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Stolz

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Germany

14 Informant: Wm. Fleck

(Address) 13 W. Hamilton St.

15 Filed_____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Dec. 7.

17

I HEREBY CERTIFY, That I attended deceased from April, 19 26, to Dec. 7, 19 26,

that I last saw h__ alive on Dec. 7, 19 26,

and that death occurred, on the date stated above, at 6 05 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Prostate

(duration) ____yrs. ____mos. ____ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) ____yrs. ____mos. ____ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) Louis Krause, M. D.

, 19 (Address) 2500 E. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Greenwood Cemetery W.C. 10. 1926

20 UNDERTAKER — ADDRESS

H. S. Hunt. Tucker & Son 8 E. Lexington St.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-021

E 16620

CERTIFICATE OF DEATH.

E 16620

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 842 N. Eutaw St. 11-2 Ward)

2-FULL NAME Agatha C. Berger

(a) RESIDENCE NO. 842 N. Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John M. Berger

6 DATE OF BIRTH (month, day and year): Nov. 14-1858

7 AGE: Years 68 | Months — | Days 24 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ch Stone 6/7

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town): Balto

(State or country) Md.

10 NAME OF FATHER: John Laane

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Sarah J. Hughes

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country)

14 Informant: John M. Berger

(Address) 842 N. Eutaw St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8th 1926

17

I HEREBY CERTIFY, That I attended deceased from 7.15 P.M. 1926 to 9.15 P.M. 1926,

that I last saw h[illegible] alive on at 8 p.m., 1926,

and that death occurred, on the date stated above, at 9.15 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy with right Hemiplegia. Two hours.

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Chronic Arterio Sclerosis

(duration) 16 yrs. — mos. ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms.

(Signed) Wilmer Brinton, M. D.

19 (Address) S. W. Cor. Lexington & Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincents Cemetery

Date of Burial 12/11 1926

20 UNDERTAKER: Chas. F. Grace & Son

ADDRESS Druid Hill Ave & Royalton

DEC 1926

For [illegible]

Spec.—12-9-25—A Co.—200 Bks.

E 16621.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 16621.

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1590 Homestead St., 93 Ward)

2-FULL NAME Mr. Joseph H. Wright

(a) RESIDENCE NO. 1553 Homestead St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Christina Wright

6 DATE OF BIRTH (month, day, and year): June 8, 1873

7 AGE: Years 53 yrs; Months 5 6; Days 28; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 66

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Bald. Md

PARENTS

10 NAME OF FATHER Joseph H. Wright

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bald. Md

12 MAIDEN NAME OF MOTHER Evelina Hopper

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) L. C., Charles

14 Informant Christian Wright.

(Address) 1553 Homestead St.

15 Filed....., 19..... Registrar

1926 C. HARTSON JONES, M.D. RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 6, 1926, to Dec 6, 1926, that I last saw him alive on Dec. 6, 1926, and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 8 hrs ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edw. A. Zimmerman M. D.

Dec 8 1926 (Address) 1858 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County Date of Burial Dec 10 1926

20 UNDERTAKER: Geo. L. Rust ADDRESS 1735 Hanford Av

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16622

CERTIFICATE OF DEATH.

14-001

E 16622

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1501 Abbottson St., G-3 Ward)

2-FULL NAME Mrs. Elizabeth Adams

(a) RESIDENCE NO. 1501 Abbattston St. 9 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W.

5 ~~Single, Married~~ Widowed, or Divorced, (write the word): Divorced

5a ~~If married, Widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~): John J. Adams

6 DATE OF BIRTH (month, day, and year): 1848 Aet. 10

7 AGE: Years 78; Months 1; Days 29; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work.

(b) General nature of industry, business, or establishment in which employed (or employer): 600

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto. Md

PARENTS

10 NAME OF FATHER: ? Constentine

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Barbara

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md

14 Informant: W. Adams

(Address): 150 1. Abbottson

15 Filed....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1926, to Dec. 9, 1926, that I last saw her alive on Dec. 9, 1926, and that death occurred, on the date stated above, at 4:40 A m.

The CAUSE OF DEATH was as follows:

Cerebral Hemmarrhage

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis (duration) 5 yrs. x mos. .....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. F. Zimmerman M.D.

12/9 1926 (Address) 2857 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Dec 11 1926

20 UNDERTAKER: Geo. J. Ruth — ADDRESS: 1735 Harford Ave.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16623

CERTIFICATE OF DEATH.

44 ✓ E 16623

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Hosp. Ward) 26

2-FULL NAME George B Rider

(a) RESIDENCE NO. 2112 Mount Royal Terrace Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Estelle Barton Rider

6 DATE OF BIRTH (month, day, and year): April 11 1872

7 AGE: Years 54; Months 6; Days 25; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 09

(b) General nature of industry, business, or establishment in which employed (or employer): Insurance

(c) Name of employer: Md. Casualty Co.

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: William E. Rider

11 BIRTHPLACE OF FATHER (city or town): Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER: Charlotte Worring

13 BIRTHPLACE OF MOTHER (city or town): Baltimore Md

(State or country)

14 Informant: Estelle Barton Rider

(Address) 1911 Park ave

15 Filed ..... 19 .....

Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 7, 1926 19

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1926, to Dec. 7, 1926, that I last saw h.. alive on Dec. 7, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Abdominal Lymph Glands

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Nov-12-1926

Was there an autopsy? Yes (Partial)

What test confirmed diagnosis? Yes

(Signed) Merrywood S. Shelton M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Dec 10 1926

20 UNDERTAKER: Chas. S. Black — ADDRESS: 742 W. North ave

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16624

CERTIFICATE OF DEATH.

× 182

E 16624
REGISTERED NO.

1-PLACE OF DEATH Bethlehem Shipbuilding Corp.

City of BALTIMORE: (No. Foot of Cross St. St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Sadler.

(a) RESIDENCE NO. 200 5th Ave. Brooklyn Park A.A.Co. Md. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15 1904

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
22	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter helper

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Ship-

(c) Name of employer: building Corp.

9 BIRTHPLACE (city or town)

(State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Edward A. Sadler.

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Catherine Auer.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore, Md

14 Informant: Edward A. Sadler. (father)

(Address): 200 5th Ave. Brooklyn Park.

15 Filed DEC 9 1926

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 7, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Accidental fall from a car float.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Fennhardt M. D.

(Coroner)

12/9 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Lynn

Date of Burial: 12/10 1926

20 UNDERTAKER: Holy Cross a & C Co.

ADDRESS: 1422 Light St.

Spec.—1-10-21—M&T—1500 Bks.

E 16625 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16625

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH West Balto General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Raynard Dukeland ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Collier

(a) RESIDENCE NO. 408 E. 27th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5-6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Collier

DATE OF BIRTH (month, day, and year) Dec 30-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Ella Hartzell

(Address) 408 E 27 St

15 Filed DEC 10 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/5 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/22, 1926, to 12/5, 1926, that I last saw him alive on 12/5, 1926, and that death occurred, on the date stated above, at 4:00 A m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Chronic encephalitis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Acute mania

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) W.B.G.H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 10 1926
20 UNDERTAKER Robt J Turner	ADDRESS 1442 E Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186-003

E 16626

REGISTERED NO. ____

E 16626

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin J. ~~Akers~~ Akers

(a) RESIDENCE NO. 1236 E. Preston St St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred lif yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXXXX

6 DATE OF BIRTH (month, day, and year) Apr 2/1915

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	11	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.

(State or country)

PARENTS

10 NAME OF FATHER Reese T. ~~Akers~~

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.

(State or country)

12 MAIDEN NAME OF MOTHER Bessie Edwards

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md

(State or country)

14 Informant James F. Edwards

(Address) 1236 E. Preston St

15 Filed ____ 19 ____ ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Frac. Skull- Collision with sled & automobile while coasting at Eden St & Ashland Ave., 12/7/20

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ____

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Akers M. D.

(Coroner)

12/8/20 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial Dec 10 1920

20 UNDERTAKER Robt. J. Turner ADDRESS 544 S. Broadway

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16627

CERTIFICATE OF DEATH.

74-001 E 16627

REGISTERED No. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 atterbeiri St.; 21-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isay Ogber

(Residence in Baltimore: No. 319 atterbeiri St.; 30 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Mall

4-COLOR OR RACE, Cal

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Married

6-DATE OF BIRTH, ... (Month) ..... (Day) 1886 (Year)

7-AGE 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country), Prichole Co, Md

10-NAME OF FATHER, Jew & W. Ogber

11-BIRTHPLACE OF FATHER (State or Country), Dorchester Co. Md

12-MAIDEN NAME OF MOTHER Nancy Randall

13-BIRTHPLACE OF MOTHER (State or Country), Dorchester Co. Md

PARENTS.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Carrie Ogber

(Address) 319 atterbiri St

15- 10 1926 HARRISON JONES, M. D.
Filed ....., 191..... Registrar.

RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) 8 (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 11-25-26 191..., to 12-7-26 191...,
that I saw h..... alive on ..... 11 191...,
and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (Duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) arterio Sclerosis

..... (Duration) 1 yrs. 6 mos. ..... ds.

(Signed) H. Caldwell M. D.

12-8-26, 191... (Address) 1521 Linden ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Dec. 12, 1926

20-UNDERTAKER John N. Toadvine

ADDRESS 1027 Hanover Street

Spec.—1-10-21—M&T—1500 Bks.

E 16628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16628

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Guilford Ave, 12th WARD)

2-FULL NAME Clara Matilda Fletcher

(a) RESIDENCE NO. 1706 Guilford Ave WARD 12

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

a If married, widowed, or divorced (or) WIFE of George W. Fletcher

6 DATE OF BIRTH (month, day, and year) Jan. 31, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

PARENTS

10 NAME OF FATHER Alfred Stinchcomb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co Md.

12 MAIDEN NAME OF MOTHER Hester Ann Pumphrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co. Md

14 Informant (Address) Mrs. Flynn Md 3014 St Paul St.

15 Filed OCT 9 1926 19 C. HAMPSON JONES, M. D. Registrar RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19 26 to Dec. 7, 19 26.

that I last saw her alive on Dec. 7, 19 26.

and that death occurred, on the date stated above, at 8 15 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus C. Ohme, M. D.

12/7 19 26 (Address) 3014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Dec 10 19 26
20 UNDERTAKER	ADDRESS
Wm J Tuckerton	N. Y Pa.

Spec.—12-9-25—A T Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16629

CERTIFICATE OF DEATH.

129 E 16629

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3811 Woodbine Ave St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Allender Bossom

(a) RESIDENCE NO. 3811 Woodbine Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Bossom

6 DATE OF BIRTH (month, day, and year): March 1st 1867

7 AGE — Years: 59 — Months: 9 — Days: 6 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town): Hagerstown

(State or country): Md

10 NAME OF FATHER: Charles Allender

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Ayler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

PARENTS

14 Informant: Edna T. Shaffer

(Address) 3811 Woodbine Ave

15 Filed ..... 19 ..... Registrar RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 7 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1926, to Dec. 7th 1926, that I last saw h.... alive on Dec. 7th 1926, and that death occurred, on the date stated above, at 9 40 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Terminal)

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Rt. Hemiplegia + Chronic Interstitial Nephritis

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? No Date of L

Was there an autopsy? Yes

What test confirmed diagnosis? Roentgen

(Signed) Elbert G. Reitzel, M. D.

12/9, 1926 (Address) 2227 W. Fulton Ave. Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem'y — Date of Burial 12/10 1926

20 UNDERTAKER: Wm. J. Dickes Sons — ADDRESS: Fremont Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-007 E 16630

E 16630

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 403 W Lee - St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustus L. Vansant

(a) RESIDENCE NO. 403 W Lee St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A Vansant

6 DATE OF BIRTH (month, day, and year): Oct 25-1839.

7 AGE — Years: 87 | Months: 1 | Days: 13 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): City

PARENTS

10 NAME OF FATHER: Mcknew

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Mcknew

12 MAIDEN NAME OF MOTHER: Mcknew

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Mcknew

14 Informant: Robert Vansant

(Address): 403 W Lee St

15 Filed....., 19.. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 8 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1926, to Dec 8, 1926, that I last saw h.. alive on Dec 7, 1926, and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Bruce Craig, M. D.

Dec 9, 1926 (Address) 729 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eastern Cemetery — Date of Burial Dec 11 1926

20 UNDERTAKER: W. J. Lechner & Son — ADDRESS Pennsylvania Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16631

CERTIFICATE OF DEATH.

90

E 16631

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 5205 Wesley Ave St. 28-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Watts

(a) RESIDENCE NO. 5205 Wesley Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Watts

6 DATE OF BIRTH (month, day, and year): Apr. 23 1857

7 AGE — Years: 69 — Months: 7 — Days: 16 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Seafood

(c) Name of employer: Wm Padgett & Sons

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Thos. A. Watts

11 BIRTHPLACE OF FATHER (city or town): Balto.

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Margaret E. Burgess

13 BIRTHPLACE OF MOTHER (city or town): Balto.

(State or country): Md.

14 Informant: Mrs Emma A Held

(Address): 104 Monastery Ave.

15 Filed..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4 1926, to Dec. 9, 1926, that I last saw him alive on Dec. 9, 1926, and that death occurred, on the date stated above, at 2.20 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilotation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Samuel Wolfson, M. D.

Dec 9. 1926 (Address) 2444 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. — Date of Burial: Dec 12 26

20 UNDERTAKER: Wm Fuchser & Sons — ADDRESS: North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16632 — 128

E 16632 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 703 "y" alley St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Robinson

(a) RESIDENCE NO. 703 "y" alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) (?)

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
49	?	?	

8 OCCUPATION OF DECEASED,

(a) Trade, profession or particular kind of work: Dishwasher

(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant

(c) Name of employer: Hester Emerson

9 BIRTHPLACE (city or town) (?)

(State or country)

PARENTS

10 NAME OF FATHER (?)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) (?)

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) (?)

14 Informant: Hester Emerson

(Address) 700 S. Charles St

15 Filed....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Dec. 9

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1926, to Dec 9, 1926, that I last saw him alive on Dec 9, 1926, and that death occurred, on the date stated above, at 4 A, m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(Uremia) (duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual Tests & Urine

(Signed) Dr. L. Carroll, M. D.

12-7, 1926 (Address) 805 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Zion Ct	Dec 11 1926
20 UNDERTAKER	**ADDRESS**
J. L. Brown & Son	1018 W. Monty ave

Spec.—12-9-25—A Co.—200 Blks.

See Letter in file from Dr R H Smith dated 5/18/1907

HEALTH DEPARTMENT—CITY OF BALTIMORE

16633

CERTIFICATE OF DEATH.

90 E 16633

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St. 76-7 Ward)

2-FULL NAME William Williams

(a) RESIDENCE NO. _____ St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1842

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

10 BIRTHPLACE (city or town): New York

(State or country) New York

PARENTS

10 NAME OF FATHER Liffen Williams

11 BIRTHPLACE OF FATHER (city or town):

(State or country) ?

12 MAIDEN NAME OF MOTHER Elza Williams

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: City Hospital Records

(Address)

15 Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 8 1926

17

I HEREBY CERTIFY, That I attended deceased from September 16, 1926, to December 8, 1926, that I last saw him alive on December 7, 1926, and that death occurred, on the date stated above, at 12 50 A m.

The CAUSE OF DEATH* was as follows:

Cortical Sclerosis, Hypertension

Residual right Hemiplegia

Chronic myocarditis & Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) R Hooper Smith, M. D.

Dec 9, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — Date of Burial 12/? 1926

20 UNDERTAKER: D J Kelly Sons — ADDRESS 1315 Light St

C. HANSON JONES, M. D.

Spec.—1-10-21—M&T—1500 Bks.

16634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

65 E 16634

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4511 Springdale Ave. WARD) 28-2

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip Myers.

(a) RESIDENCE NO. 4511 Springdale Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb. 6 1913

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	13	10	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Rochester N. Y.

PARENTS

10 NAME OF FATHER: Isaac Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Ollie Isaacs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Mr. Isaac Myers (Address) 4511 Springdale Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9/1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. , 1926 , to Dec 9th , 1926 ,

that I last saw him alive on Dec 9th , 1926

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Adenomic Lymph. adenoma

..... (duration) ..... yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Coma

..... (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Blood finding

(Signed) W. S. Love, M. D.

Dec 12, 1926 (Address) 836 N. Mont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Har Sinai Cem

DATE OF BURIAL: 12/10/1926

20 UNDERTAKER: David Londheim

ADDRESS: 118-20 W. Mt Royal Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16635

CERTIFICATE OF DEATH.

57 E 16635

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2838 Boarman Ave 5-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Corp

(a) RESIDENCE NO. 2838 Boarman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 6 — 1881

7 AGE: Years 45 Months — Days 3

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Orphans Court

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER: Morris Corp

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER: Rachael —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant: Jack Levis

(Address) 1439 E Balto St

15 Filed....., 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) yrs. mos. 1 ds.

(Signed) H. Blades M. D.

(Coroner)

Dec 8 , 19 26 (Address) 143 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem Date of Burial 12/10 19 26

20 UNDERTAKER: Jack Levis ADDRESS 1439 E Balto St

Spec.--12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89

E 16636
1-PLACE OF DEATH

E 16636
REGISTERED NO.

City of BALTIMORE: (No. 1392 N. North ave 4-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Whitehouse

(a) RESIDENCE NO. 1392 N. North ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Shfra Whitehouse

7 DATE OF BIRTH (month, day, and year): Nov 26 - 1860

8 AGE: Years 66; Months; Days 13; IF LESS than 1 day.....hrs. or.....min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

10 BIRTHPLACE (city or town): Austria
(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Austria

14 Informant: Jack Lewis
(Address): 1439 E Balt St

15 Filed ....., 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Dec. 9, 1926

17
I HEREBY CERTIFY, That I attended deceased from Nov. 1925, to Dec 1926,
that I last saw him alive on Dec. 7, 1926,
and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:
Angina pectoris.

(duration) 6 yrs. mos. ds.

CONTRIBITORY (Secondary) arteriosclerosis myo-cardial insufficiency.
(duration) yrs. 1 mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Paul H. Clough, M. D.
Dec. 10, 1926 (Address) 24 E. Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. Date of Burial 12/10 1926

20 UNDERTAKER: Jack Lewis ADDRESS 1439 E Balt St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16637

CERTIFICATE OF DEATH.

49

E 16637

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2411 Holmes ave St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hyman Rosenthal

(a) RESIDENCE NO. 2411 Holmes ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Rosenthal

7 DATE OF BIRTH (month, day, and year): Jan 1850

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 65

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Rosenthal

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Celia —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant

(Address) 1439 E Baltimore

15 Filed 12-11-26 Registrar

C 10 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1926, to Dec. 10, 1926, that I last saw him alive on Dec. 9, 1926, and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Mediastinal sarcoma

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray & clinical findings

(Signed) M. N. Butterworth, M. D.

Dec 10, 1926 (Address) 3110 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Date of Burial 12/12/26

20 UNDERTAKER: Jack Lewis ADDRESS: 1439 E Balt

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16638

101-001

E 16638

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1044 Granby St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John G. Upton

(a) RESIDENCE NO. 1044 Granby St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? life yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

7 DATE OF BIRTH (month, day, and year): Mar 25 1874

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52	8	13	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Common

(c) Name of employer: Had none

10 BIRTHPLACE (city or town): _____

(State or country): Md U S

PARENTS

11 NAME OF FATHER: William Upton

12 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Md U S

13 MAIDEN NAME OF MOTHER: Catherine Abern

14 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Ireland

14 Informant: Mrs. G. Young

(Address): Hamilton city

15 Filed....., 19 .....

K M Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) .....yrs. .....mos. 7 ds.

CONTRIBUTORY (Secondary) Exposure

(duration) .....yrs. .....mos. .....ds.

(Signed) James M Upton M. D.

(Coroner)

12 10 1926 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

Date of Burial: 12 11 1926

20 UNDERTAKER: George J Ruth

ADDRESS: 1735 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

Odena Duttin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16639

CERTIFICATE OF DEATH.

E 16639

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 26 E. 20th St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Odena Duttin

(a) RESIDENCE NO. 26 E. 20th St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 11-26

7 AGE — Years: — Months: 7 — Days: 7 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: James Brown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Duttin

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Ellen Duttin

(Address): 26 East 20th St.

Filed....., 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-8 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart disease

(durntion) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Frank Norman M. D.

(Coroner)

12/9, 1925 (Address) 3532 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contrnctea, if not nt place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 12/10/1925

20 UNDERTAKER: Mrs Geo. H. Holland — ADDRESS: 163 Dunst Hill

...—1-12-23—M&T—500 Blks.

16640 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16640

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 15-11 WARD) 10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard E. Hiser

(a) RESIDENCE No. 1829 Clifton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 2, 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	0	6	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Howard E Hiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Marg. R. Pitrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. H.

Informant Mrs. Howard E. Hiser

(Address) 1829 Clifton Ave

Filed ..... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 9, 1926, to Dec 9, 1926, that I last saw him alive on Dec 9, 1926, and that death occurred, on the date stated above, at 11 59 p. m.

The CAUSE OF DEATH* was as follows:

Laryn. Diphtheria

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive K.L. Culture

(Signed) Myron G. Tull, M. D.

12/10 1926 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Dec 11 1926
20 UNDERTAKER Geo. H. Little	ADDRESS 700 E Lanvale

...e.—1-12-23—M&T—500 Bks.

E 16641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

114 E 16641

1-PLACE OF DEATH Bon Secours Hospital

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 70-5 ST.) WARD)

2-FULL NAME Oscar S. Jeffries

(a) RESIDENCE No 623 E. "E" St. Sparrows Point Md WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Bertha M Jeffries

DATE OF BIRTH (month, day, and year) Dec 27 1899

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	11	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Pittsburgh Steel Co

(c) Name of employer Sparrows Pt md

BIRTHPLACE (city or town) (State or country) Phila Pa

10 NAME OF FATHER Oscar S Jeffries

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa

12 MAIDEN NAME OF MOTHER Elizabeth Burkhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Mr Joshua S Gladfelter
(Address) 623 E st Sparrows Pt

Filed ..... 19 .....

PH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 7 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1926, to Dec. 7, 1926, that I last saw him alive on Dec. 7, 1926, and that death occurred, on the date stated above, at 9.20 A m.

The CAUSE OF DEATH* was as follows:

Ulcerative Colitis

(duration) History 9 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Ileostomy, Date of Nov 16, '26

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Necropsy

(Signed) Geo. D. Lipsey, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	Dec 10 1926
20 UNDERTAKER John F Denny	ADDRESS 745 Light St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16642

CERTIFICATE OF DEATH.

84 E 16642

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Virginia Ave. Raspeburg ST., 27-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Scharoun

(a) RESIDENCE NO. 3806 Virginia Ave. Raspeburg ST., 27 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) January 9th, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. F. Bennett

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Henry Scharoun

11 BIRTHPLACE OF FATHER (city or town) Bremen

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Cramer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs. Henry Oberender

(Address) 3806 Virginia Ave.

15 Filed DEC 10 1926, 19 RR Registrar

C. HANSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8 19 26

17 I HEREBY CERTIFY, That I attended deceased from October 26, 1926, to December 7, 1926,

that I last saw him alive on December 7, , 1926,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Status Epilepticus

72 Hours (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Brain cysts.

Years ? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Wilkinson, M. D.

12/10 1926 (Address) Raspeburg, Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec. 11 1926
20 UNDERTAKER	ADDRESS
Frederick Boarman Sons	Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 16643

REGISTERED NO. E 16643

1-PLACE OF DEATH So Balto Gen Hosp.

City of BALTIMORE: (No. 1200 Light St. St. 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank P. Wallis

(a) RESIDENCE NO. 534 Park Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecil

6 DATE OF BIRTH (month, day, and year): December 5.

7 AGE: Years 43; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student-Grad

(b) General nature of industry, business, or establishment in which employed (or employer): John Hopkins

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Penn

PARENTS

10 NAME OF FATHER: Joseph Wallis

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Penn

12 MAIDEN NAME OF MOTHER: Mary Davis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Penn

14 Informant: Mrs. Mac Hatton

(Address): 1101 Linden Ave

15 Filed 1 0 1926 G. HAMPSON JONES, M. D., Registrar

Per R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12/10/26

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 19 26, to Dec 10, 19 26, that I last saw h.m alive on Dec 10, 19 26, and that death occurred, on the date stated above, at 3:38 A m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

Pneumococcus Septicemia

Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gram Stain - Cultures

(Signed) H. C. Miller, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. Date of Burial 12/10/26. 19

20 UNDERTAKER: Union Bell Co. ADDRESS: Wm Cook 502 E Balto

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16644

E 16644

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Bonduel Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella Frisby

(a) RESIDENCE NO. 1526 Division St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Frisby

6 DATE OF BIRTH (month, day, and year): January 1872

7 AGE — Years: 54 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Jennie Frisby

(Address): 20 E. 20th st.

15 FD [illegible] 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3rd 7- 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. 1 ds.

(Signed) J C Blades M. D.

(Coroner)

1926 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

Date of Burial: 7/10 1926

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1725 Ashland av

Spec.—8-24-14—M. & T.—2000 Blks.

E 16645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16645

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Childrens Hospital School St.; 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Doris Bennett

Residence in Baltimore: No. Jemimma, md St.; ..... yrs., 2 mos. 15 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	white	single

DATE OF BIRTH, July 17, 1922
(Month) (Day) (Year)

AGE, 4 yrs. 4 mos. 22 ds. If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work ..... child
(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE, (State or Country), Montreal Canada

10-NAME OF FATHER, Donald Bennett

11-BIRTHPLACE OF FATHER (State or Country), Brighton, Eng.

12-MAIDEN NAME OF MOTHER Winifred Hayward

13-BIRTHPLACE OF MOTHER (State or Country), Toronto Canada

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Hospital Records

(Address) .....

15- Filed ....., 191.. .....
Registrar.

C 10 1926 Per C. HALDON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 8, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from November 22 1926, to December 8 1926, that I saw her alive on December 8 1926, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Anterior poliomyelitis

..... (Duration) — yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) Respiratory failure 10 hours

..... (Duration) ... yrs. ... mos. ... ds.

(Signed) Harold K. Baltzan M. D.

Dec 8, 1926 (Address) Childrens Hospital School

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. — mos. 15 ds. In the State — yrs. 2 mos. 15 ds.

Where was disease contracted, if not at place of death? Maryland ?

Former or usual residence Fla.

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Prospect Hill Cemetery	Dec. 10, 1926

20-UNDERTAKER Harry H. Weitzel ADDRESS 1531 W. Lombard St

Cor.—12-9-25—A Co—200 Bkn.

Israel Itzikovitz

E 16646

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 16646

CERTIFICATE OF DEATH.

1-PLACE OF DEATH In Synagogue

REGISTERED NO._____

City of BALTIMORE: (No. Lloyd & Lombard St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Israel Itzikowitz

(a) RESIDENCE NO. 121 E Bond St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Itzikowitz

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years: about 70; Months: ; Days: ; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rabbi

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town):

(State or country): Russia

PARENTS

10 NAME OF FATHER: Henry Itzikowitz

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Rebecca Krieger

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Grace Benenson

(Address): 121 E Bond St

15 Filed _____ 19__ C. HAMPSON JONES, M. D. Registrar.

DEC 10 1926 Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

about

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) 3 days mos. ds.

(Signed) James M Kenton, M. D.

(Coroner)

12 10 1926 (Address) 704 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave — Date of Burial: 12/10 1926

20 UNDERTAKER: D. S. Levinson Bro — ADDRESS: 1127 E Balto St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16647

CERTIFICATE OF DEATH.

46 E 16647

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 305 N. Caroline St St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Price

(a) RESIDENCE NO. 305 N. Caroline St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Price

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Cut

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Victoria West

(Address) 305 N. Caroline St

Filed DEC 10 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquory (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. S. Fales, M. D. (Coroner)

12/9/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemitery Date of Burial Dec 10 1926

20 UNDERTAKER Robert E. Williams ADDRESS 1515 Mc Cleary St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16648

E 16648

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Md Gen Hosp. St., 13-5 Ward)

REGISTERED NO. 188-803

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Clara Ulrich Felder

(a) RESIDENCE NO. 2206 Ruskin St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Aug 27 1876

7 AGE — Years: 50 — Months: 3 — Days: 12 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saleslady

(b) General nature of industry, business, or establishment in which employed (or employer): 067

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Meyer Uhlfelder

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md

12 MAIDEN NAME OF MOTHER: Caroline Kalheimer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Sander Uhlfelder

(Address): 2925 Penna Ave

15 Filed Dec 10 1926 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Cuts acc.

Fract of skull & Clavicle

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cut. Edema

(duration) yrs. mos. 1 ds.

Dec 10 1926 (Signed) G. C. Yates, M. D.

(Coroner)

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hart Wait Cemetery — Date of Burial: Dec 13 1926

20 UNDERTAKER: J. Ahrens & Co — ADDRESS: 331 Reisterstown Rd

Spec.—1-10-21—M&T—1500 Bks.

E 16649 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001 E 16649

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W 27 St. 12-3 WARD)

2-FULL NAME Margaret M. Pleitner

(a) RESIDENCE NO. 1 W 27 ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 8/26

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles J Pleitner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Minnie Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Charles J Pleitner
(Address) 1 W 27th

15 Filed OCT 13 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1926 to Dec 9, 1926,

that I last saw her alive on Dec 9, 1926,

and that death occurred, on the date stated above, at 8:00 p m.

The CAUSE OF DEATH* was as follows:

Premature birth
6 mos gestation

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) Mrs Clarke Stifler, M. D.

12/9, 1926 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem.	12/10 1926
UNDERTAKER Margaret L. Flynn	ADDRESS 1422 Light St

Cor.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16650
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 16650

City of BALTIMORE: (No. 622 Hanover St. St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Gumpman.

(a) RESIDENCE NO. 622 Hanover St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	About 40	---------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. S.D.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

15 Filed ..... 1[illegible] C. HAMPSON JONES, M. D.
Registrar

C10 1526

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 29, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

..... (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

..... (duration) .....yrs. .....mos. .....ds.

(Signature) Otto M. Reinhardt M. D.
(Coroner)

12/10 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Cross Cemetery Dec 11 1926

20 UNDERTAKER — ADDRESS

F. A. Krause & Son 703 Hanover St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16651

CERTIFICATE OF DEATH.

100-001

E 16651

1-PLACE OF DEATH

City of BALTIMORE: (No. 679 Josephine St. 4-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Martin

(a) RESIDENCE NO 679 Josephine St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): January 7 1926

7 AGE: Years ____ Months 8 M. Days ____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Lawrence Martin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Bertha Gray

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) S. Carolina

14 Informant Bertha Martin

(Address) 679 Josephine St

DEC 9 1926 C. HAMPSON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1/ 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

Broncho Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Hamet Easton, M. D. (Coroner)

, 19 . (Address) 3525 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

Date of Burial: Dec 9 1926

20 UNDERTAKER: Hamet Easton

ADDRESS 96 Eutaw

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16652

16652

CERTIFICATE OF DEATH.

57

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Springdale St. 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malinda Elsie Dorney

(a) RESIDENCE NO. 3712 Springdale Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas P Dorney

DATE OF BIRTH (month, day, and year): Nov 29 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	0	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto md

10 NAME OF FATHER: Goddard Raborg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md

12 MAIDEN NAME OF MOTHER: Ann Livesey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto md

14 Informant: W. E. Brady

(Address): Bristol Road & Guilford

15 Filed: OCT 10 1926

C. HAMPSON JONES, M. D. Registrar

By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/6/26, 19.. to 12/9, 1926, that I last saw her alive on 12/9/26, 19.., and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Atten Sclerosis - Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur L Tabenyard M. D.

12/13, 1926 (Address) 2806 Barclay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem

DATE OF BURIAL: Dec 11 1926

20 UNDERTAKER: John O. Mitchell

ADDRESS: 1210 W Fayette

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16653 — CERTIFICATE OF DEATH. — 90 — E 16653

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No.) Caroline & Oliver ST., 9-1 (WARD)

2-FULL NAME Sister Mary Paul. O.S.F. (Catherine Kolb.)

(a) RESIDENCE NO. St Josephs Hospital ST., Baltimore, Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life. yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Sister.

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) Not stated.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or.....min.
	77	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of Order of St Francis. 065

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Adam Kolb.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Record St Josephs Hospital.
(Address) Caroline & Oliver Sts

FILED 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1926 to Dec 9, 1926

that I last saw her alive on Dec 9, 1926

and that death occurred, on the date stated above, at 11:20 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —

Was there an autopsy? None

What test confirmed diagnosis? Clinical.

Dec. 9, 1926 (Signed) Clement B. Monroe, M. D.

(Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL Dec 11 1926

20 UNDERTAKER Henry Hoeck Sons — ADDRESS 1301 E Eager St

Rec-12-23-21—E.B.R.S.—400 Blks.

E 16654 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16654

CERTIFICATE OF DEATH. 191-00

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 2421 St. Paul st St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Mifflin Coulter

(a) Residence No. 2421 St. Paul St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, ~~Married~~, Widowed, or Divorced, (Write the word.): Single

6-If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Single

7-DATE OF BIRTH (month, day and year): July 7- 1843

8-AGE: 83 yrs. 5 mos. 1 ds. If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Book
(b) General nature of Industry, business, or establishment in which employed (or employer): Bookbinder 45
(c) Name of employer.....

10-BIRTHPLACE (city or town) (State or Country): Balto Md

PARENTS.

10-NAME OF FATHER: John M Coulter

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14-(Informant) Mrs George Hamm

(Address) 2421 St Paul St

15-

1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Dec. 9th 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 6, 1926 to Dec 9, 1926, that I last saw h. alive on Dec 8, 1926, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza Ex of Acute

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? no

What test confirmed diagnosis? Heart Examination

(Signed) Francis D. McCarran M. D.

, 19 (Address) 416 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk Cemy — DATE OF BURIAL: 12/11/26, 19....

20-UNDERTAKER: Geo Lemibach & Son — ADDRESS: 6474 W Pratt St

Cor.—12-9-25—A Co.—200 Bks.

McKINSTRY

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16655

E 16655

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward McKinstry

(a) RESIDENCE NO. ... St. ... Ward ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 7 — 1905

7 AGE — Years: 21 — Months: — Days: 23 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student Engineering

(b) General nature of industry, business, or establishment in which employed (or employer): U. of Md College

(c) Name of employer

9 BIRTHPLACE (city or town): Carroll Co

(State or country): Md

10 NAME OF FATHER: William McKinstry

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Driscoll

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

PARENTS

14 Informant: Hospital Record

(Address)

0 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Severe Burn 1st Degree

Fracture of Femur, Left

Duration ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Lacerations & Bruises

(duration) ... yrs. ... mos. ... ds.

(Signed) Hamilton Dashiell, M. D. (Coroner)

, 19 (Address) 3725 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: McKinstry Md — Date of Burial: Dec 14 1926

20 UNDERTAKER: L. H. Weimer Sons — ADDRESS: Windsor

Spec. 1-10-21 - M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16656

CERTIFICATE OF DEATH.

101-

E 16656

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland general Hospital (ST.) 25-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret a. William

(a) RESIDENCE NO. 74 Bridge (ST.) East Brooklyn 25 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4/18/11

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
5	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nora Lightner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed DEC 9 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/ 1924

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7 - 1924 to Dec 7 - 1924.

that I last saw her alive on Dec 7 - 1924.

and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of 12/3/24

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Hampson Jones, M. D.

19 (Address) Mt Vernon Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Dec 11 1924

20 UNDERTAKER Lilly - Zeiler

ADDRESS 4033 W. North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16657

CERTIFICATE OF DEATH.

181-001

E 16657

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 S. Luzerne ave 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lambert B. Meyer

(a) RESIDENCE NO. 503 S Luzerne ave St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Meyer

6 DATE OF BIRTH (month, day, and year) Dec 9 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 30

(b) General nature of industry, business, or establishment in which employed (or employer) Marine Engineer

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Wm Meyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catharine Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Wm J Meyer

(Address) 2321 Fleet St

15 Filed 1926 C19 C. HAMPSON JONES, M. D., Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation by drowning Accident

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hutton M. D.

(Coroner)

12 10. 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery Date of Burial Dec, 14 1926

20 UNDERTAKER Lilly + Zeiler ADDRESS 403 S. Wolfe St

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16658

CERTIFICATE OF DEATH

E 16658

11-006

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

TY OF BALTIMORE: (No. Broadway ST., 13-6 WARD)

2-FULL NAME James Barnett

(a) RESIDENCE NO. 800 Reservoir ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of
or) WIFE of Anna H. Barnett

ATE OF BIRTH (month, day, and year) April 30 1884

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer B O R R

IRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Mark Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Henriette Barnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

Informant Anna H Barnett
(Address) 800 Reservoir St

Registered 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-9-1926

17 I HEREBY CERTIFY, That I attended deceased from 12-9- , 1926 , to 12-9- , 1926 ;
that I last saw him alive on 12-9- , 1926
and that death occurred, on the date stated above, at 2 40 p. m.
The CAUSE OF DEATH* was as follows:

Influenzal Infection,
streptococcus Infection
Blood stream
(duration) ..... yrs. about 10 mos ds.
CONTRIBUTORY (Secondary) Acute dilatation of Heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 800 Reservoir
Did an operation precede death? no Date of none
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) N B Hendrix, M. D.
, 19 (Address) Mercy Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL
Loudon Park	Cremation	Dec 11 1926
20 UNDERTAKER		**ADDRESS**
Jno B Spence		1325 N Caroline St

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16659 E 16659

CERTIFICATE OF DEATH.

129

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 E. Madison ST., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martin J. O'Hara

(a) RESIDENCE NO. 2120 E Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) — 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): City

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Peter O'Hara

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

PARENTS

14 Informant (Address): Margaret Costello 2120 E Madison St

15

16 1926 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1926 to Dec 8 1926

that I last saw him alive on Dec 7 1926

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Mural Insufficiency

Hypostatic Congestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Finding

(Signed) C. Hampson Jones M.D.

19 (Address) 800 N Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	12/12 1926

20 UNDERTAKER: J. A. Moran

ADDRESS 3008 E. Baltimore

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 16660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16660

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3412 Gulford Ter. Street 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Lee Johnston

(a) RESIDENCE NO. 3412 Gulford Terrace Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Blake

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 63

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER David Johnston

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. Va.

12 MAIDEN NAME OF MOTHER Mary Anders

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Mrs. W. L. Johnston

(Address) 3412 Gulford Terrace

DEC 10 1926

C. HAMPSON JONES, M. D.

19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 8 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1926, to Dec. 8, 1926

that I last saw h.. alive on Dec. 8, 1926

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos.

CONTRIBUTORY (Secondary) Acute Dilatation of H

(duration) yrs. mos.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. N. Chuck

12/10 1926 (Address) 701 N. Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Bur...

20 UNDERTAKER J. J. Foley & Sons ADD...

Spec.—1-12-23—M&S—500 Bks.

1926 E 16661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16661

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 8-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Beever

(a) RESIDENCE NO. 1107 N. Collington Ave ST. Balto WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divoreed HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 11, 1926

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
11 mos.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) ..... (State or country) Md

PARENTS

10 NAME OF FATHER William Beever

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Beever

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Md

14 Informant Record
(Address) JOHNS HOPKINS HOSPITAL

15 1926 C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1926, to Dec 10, 1926, that I last saw her alive on Dec 10, 1926, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Meningitis (B. Influenzae)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1107 N. Collington Ave.

Did an operation preeede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. E. Handley, M. D.

, 19 (Address) Johns Hopkins Hospital, Baltimore, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Aecidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lebanon	Dec 11 1926
20 UNDERTAKER	ADDRESS
William Cook	502 E Balto

IMPORTANT is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16662

CERTIFICATE OF DEATH.

100-001

E 16662

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 917 Gator Ave St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Francis O'Hare

(a) RESIDENCE NO. 917 Gator Ave. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecilia Harrigan O'Hare

6 DATE OF BIRTH (month, day, and year): May. 20, 1851

7 AGE: Years 75 Months 6 Days 17 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

066

9 BIRTHPLACE (city or town)_____

(State or country) Cincinnatti, Ohio.

PARENTS

10 NAME OF FATHER Edward O'Hare.

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Waters.

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Ireland.

14 Informant Rev. Father E. H. O'Hare.

(Address) Woodstock, Md.

Filed 1926 C. HAMPSON JONES, JR., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 8, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1926, to Dec 8, 1926, that I last saw him alive on Dec 7, 1926, and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobular)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted ?

If not at place of death!

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H W Gaddes, M. D.

12/10/26 19 (Address) 321 E 25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

Date of Burial: 12/11 1926

20 UNDERTAKER: M. M. Wiedefeld.

ADDRESS: 501 E. 22nd St.

Spec.–7-17-26—A Co.—200 Bks.

E 16663

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16663

CERTIFICATE OF DEATH

90

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3650 Sycamore Ave St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Anna Menikheim

(a) RESIDENCE NO. 3650 Sycamore Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ernest H. Menikheim

6 DATE OF BIRTH (month, day, and year) Aug 17, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	58	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown.

14 Informant Ernest H. Menikheim
(Address) 3650 Sycamore St.

15 1926 C. HAMPSON JONES, M. D. Registrar
Per CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1925, to Dec. 9, 1926, that I last saw her alive on Dec. 4, 1926, and that death occurred, on the data stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Mitral Stenosis Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) E. H. Martin, M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer	Dec 13 1926
20 UNDERTAKER	ADDRESS
Chenoweth & Son	3617 Chestnut

c.—1-12-23—M&T—500 Bks.

E 16664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16664

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 104 Welcome St. 21 WARD)

2-FULL NAME Hannah Grace

(a) RESIDENCE No. 104 Welcome St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR OR RACE Col. | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Sum Grace

DATE OF BIRTH (month, day, and year) — 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Oyster Shucking

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Somerset Co. Maryland.

10 NAME OF FATHER Noah Horsey

11 BIRTHPLACE OF FATHER (city or town) Somerset Co (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Ford.

13 BIRTHPLACE OF MOTHER (city or town) Somerset Co. (State or country) Maryland.

Informant Louis Wright

(Address) 104 Welcome St.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9 1926

17

I HEREBY CERTIFY, That I attended deceased from 12/1, 1926, to 12/9, 1926, that I last saw her alive on 12/8, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

(a) Chronic nephritis

(b) Myocarditis +

(c) Arteriosclerosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Urine +++

(Signed) D. W. Trautman, M. D.

12/10 1926 (Address) 122 W. Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md — DATE OF BURIAL Dec. 12, 1926

20 UNDERTAKER John H. Toadvine — ADDRESS 1027 Druid Hill

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16665

CERTIFICATE OF DEATH.

11-001

E 16665

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 916 N Bond St., 71 Ward)

2-FULL NAME Alexander Harris

(a) RESIDENCE NO. 916 N. Bond St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Harris

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Mrs. William Smith

(Address) 1219 E Madison St

15 DEC 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec - 5, 1926, to Dec 8, 1926, that I last saw him alive on Dec 8, 1926, and that death occurred, on the date stated above, at 5:30 P.m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? Physical

(Signed) Geo. H. Glenn, M. D.

12-8, 1926 (Address) 508 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Laurel Cemetery Dec 12 1926

20 UNDERTAKER ADDRESS

Chas. H. Johnson 416 N. Carolina St.

Spec.—1-10-21—M&T—1500 Bks.

E 16666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16666

CERTIFICATE OF DEATH.

129

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 32 S. Caroline ST. (B-V WARD)

2-FULL NAME Aaron Cooper.

(a) RESIDENCE NO. 32 S. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb. 7th 1868

8 AGE — Years: 58 — Months: 10 — Days: 3 — If LESS than 1 day, hrs. or ..... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Caulker's

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Aaron Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Sophia Travers.

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-9 1926

17 I HEREBY CERTIFY, That I attended deceased from July 19 26 to Dec 9 19 26,

that I last saw him alive on Dec 9 19 26,

and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

Chronic Endocarditis Nephritis

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Aortic Regurgitation Chronic

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? ..... Date of .....

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard Hamm M. D.

19 (Address) 38 S Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn — DATE OF BURIAL: Dec 11 1926

20 UNDERTAKER: Theodore L. Elliott — ADDRESS: 1135 Hollins St

Spec.—12-9-25—A Co.—200 Bks.

16667

Samuel Brown

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 16667

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 925 Sharp St. 73-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Brown

(a) RESIDENCE NO. 925 Sharp St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred (Constant) mos. ____ ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) (?)

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
42	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Va.

PARENTS

10 NAME OF FATHER (?)

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) (?)

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) (?)

14 Informant Lizzie Elkins

(Address) 9 C. Sharp St

15 Filed DEC 7 1926 C. HAMPSON JONES, M. D. Registrar

By RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1926, to Dec 8, 1926, that I last saw him alive on Dec 8, 1926, and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) Pleurisy with Effusion (duration) ____ yrs. ____ mos. 30 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D. H. Tannel, M. D.

12-9, 1926 (Address) 801 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Zion	Dec 11 1926

20 UNDERTAKER R. L. Parham ADDRESS 1216 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

16668

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 16668

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Andersaw

(a) RESIDENCE NO. 1010 S Robinson St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Laura Andersaw

6 DATE OF BIRTH (month, day, and year) Sept 1 — 1854

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
72	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Massachusetts

(State or country)

PARENTS

10 NAME OF FATHER Henry Andersaw

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Vermont

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Vermont

14 Informant Hospital Record

(Address)

1926 G. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1926, to Dec. 10, 1926

that I last saw him alive on Dec. 10, 1926

and that death occurred, on the date stated above, at 5 09 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate. Acute Cystitis. Chronic Tuberculosis Nephritis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical Symptoms

(Signed) [illegible], M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Carmel Cemetery Dec 13 1926

20 UNDERTAKER — ADDRESS

Robt J Turner 1342 N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16669

60-001

E 16669

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2502 Raynor ave St. 16-5 Ward)

2-FULL NAME Laura Dodson

(a) RESIDENCE NO. 2502 Raynor ave St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Claudius L Dodson

6 DATE OF BIRTH (month, day, and year): June 15 1890

7 AGE: Years 36 | Months 5 | Days 21 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Turner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Robinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Claudius L Dodson

(Address) 2602 Raynor Ave

1926 [illegible] 19__ [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1926, to Dec. 9, 1926, that I last saw her alive on Dec. 9, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis and Gastritis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Acute Nephritis

Gastritis (duration) ___ yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of ___

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) J. J. Hall, M. D.

, 19 (Address) 426 E 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Date of Burial Dec 13th 1926

20 UNDERTAKER: Clarence E Wright ADDRESS 1364 Mc Cay

c.—1-12-23—M&T—500 Bks.

E 16670

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16670

CERTIFICATE OF DEATH.

129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. Mt Hope Retreat ST. 25th WARD)

2-FULL NAME Martha Mary Ward

(a) RESIDENCE NO. Mt Hope Retreat ST. 25th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 31st 1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of Charity

(b) General nature of industry, business, or establishment in which employed (or employer) Charitable Work -

(c) Name of employer —

BIRTHPLACE (city or town) (?)
(State or country) Wisconsin

10 NAME OF FATHER Michael Ward

11 BIRTHPLACE OF FATHER (city or town) (?)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Roche

13 BIRTHPLACE OF MOTHER (city or town) (?)
(State or country) Canada

Informant Records of Mt Hope Retreat
(Address) Mt Hope Balt. Md.

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9. 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 19 24, to Dec 9. , 1926,
that I last saw h.e alive on Dec 9. , 1926,
and that death occurred, on the date stated above, at 11.50 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
Uremia (duration) 2 yrs. 0 mos 0 ds.
CONTRIBUTORY (Secondary) Ex x Senility
Abt (duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Mt Hope Retreat
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Frank J Flannery, M. D.
, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W J Shakemeling — DATE OF BURIAL Dec 11 1926

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) — ADDRESS 108 W. NORTH AVE.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16671.

CERTIFICATE OF DEATH.

31

E 16671.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1645 E. 25th St., 81 Ward)

2-FULL NAME Emma Ruhl

(a) RESIDENCE NO. 1645 E. 25th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 3 mos. 3 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Henry Ruhl

6 DATE OF BIRTH (month, day, and year): Sept 6/59

7 AGE: 67 — Years: 57 — Months: 3 — Days: 3 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): Balt

(State or country)

PARENTS

10 NAME OF FATHER: John Blume

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger.

12 MAIDEN NAME OF MOTHER: Alvina

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ger.

14 Informant: Henry Ruhl

(Address): 1645 E. 25th St.

Filed DEC 7 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9/26

17 I HEREBY CERTIFY, That I attended deceased from April 21 19 24, to Dec 9, 19 26, that I last saw h~~e~~r alive on Dec 9, 19 26, and that death occurred, on the date stated above, at 6 10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Heck, M. D.

12/10 19 26 (Address) 836 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cem. — Date of Burial 12/13 1926

20 UNDERTAKER: Philip Herring — ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16672

CERTIFICATE OF DEATH.

90 E 16672

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 514 N. Decker Av. St., 7-3 Ward)

2-FULL NAME John Garey

(a) RESIDENCE NO. 514 N. Decker Av. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of: Margaret Garey

6 DATE OF BIRTH (month, day, and year): Apr 15 94

7 AGE

Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
32	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Metal Worker

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: Beth. Ship Corp.

9 BIRTHPLACE (city or town): Cecil

(State or country)

PARENTS

10 NAME OF FATHER: John L. Garey

11 BIRTHPLACE OF FATHER (city or town): Md.

(State or country)

12 MAIDEN NAME OF MOTHER: Susanna

13 BIRTHPLACE OF MOTHER (city or town): N. J.

(State or country)

14 Informant: Margaret Garey

(Address) 514 N. Decker Av.

15 Filed _____, 19____ _____ Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 19 26, to Dec 9, 19 26, that I last saw him alive on Dec 9, 19 26, and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows: Acute Dilatation Heart

(duration) ____ yrs. ____ mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease - (Bronchitis)

(duration) 2 yrs. ____ mos. ____ ds.

18 Where was disease contracted? ____

If not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) Carl N Meyer, M. D.

12/13/26 (Address) 1500 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 12/13 19-26

20 UNDERTAKER: Philip Herwig — ADDRESS 2016 Orleans St

Spec.—1-10-21—M&T—1500 Bks.

16673

HEALTH DEPARTMENT—CITY OF BALTIMORE

16673

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 327 N Schroeder ST. 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie H Perry

(a) RESIDENCE NO. 327 N. Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (~~HUSBAND OF~~ or) WIFE of: Wilson Henry

DATE OF BIRTH (month, day, and year): Feby 2, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	35	10	7	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

8 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Samuel Ruby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co Md

12 MAIDEN NAME OF MOTHER: Ellen Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lynchburg Va.

14 Informant (Address): Wilson Henry 327 N. Schroeder St

Rec'd 1926 C. HAMPSON JONES, M. D. Registrar

Dist. 1 Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1926, to Dec 9, 1926, that I last saw her alive on Dec 9, 1926, and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocarditis

(duration) mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. S. Nobell M. D.

12/13 1926 (Address) 419 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Dec. 13, 1926

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Spec.—1-10-21—M&T—1500 Blks.

E 16674

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16674

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 warren ave ST. 22-2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Edward Hughes

(a) RESIDENCE No. 102 warren ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Logan Hughes

6 DATE OF BIRTH (month, day, and year): April 27, 1847

7 AGE: Years 79 Months 7 Days 12 If LESS than 1 day, ... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Providence R.I.

PARENTS

10 NAME OF FATHER: John Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Miss Katherine Hughes (Address) 102 Warren Ave

15 Filed 1 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12. 9. 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1926 to Dec. 9, 1926

that I last saw him alive on Dec. 9, 1926

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocarditis

Auricular Fibrillation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Uremic Coma

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) J. Edward Norris, M. D.

17/10, 1926 (Address) 107 East west st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: Dec. 13 1926

20 UNDERTAKER: Margaret E. Flynn ADDRESS: 1422 Light

Spec—12-23-21—E.B.R.S.—400 Bks.

E 16675 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16675

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Emergency Hospital St. 07-4 Ward) 16-09

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME. Baby Boy Euson

(a) Residence No. W. Washington 2nd St., Ward.....
(Usual place of abode) 1/2 hr. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) 12-10-26

8-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, 1 hrs. or 30 min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ——

(b) General nature of industry, business, or establishment in which employed (or employer). ——

(c) Name of employer. ——

9-BIRTHPLACE (city or town) Baltimore (State or Country). Md.

PARENTS

10-NAME OF FATHER. ——

11-BIRTHPLACE OF FATHER (city or town) (State or Country). ——

12-MAIDEN NAME OF MOTHER. Elsworth M. Euson

13-BIRTHPLACE OF MOTHER (city or town) Mt. Washington 2nd (State or Country).

14-(Informant) Elsworth M. Euson

(Address) 711 Washington Ave. Md.

15-Filed 1926 By C. HAMPSON JONES M. D. Registrar.

16-1926 0858

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12 / 10 / 26

17- I HEREBY CERTIFY, That I attended deceased from 12-10-26 19.. to 12-10-26 19..

that I last saw h.. alive on 12-10-26 19..

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ——
(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? ——

Did an operation precede death? —— Date of ——

Was there an autopsy? No

What test confirmed diagnosis? ——

(Signed) E. O. Regardie M. D

19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. University Hospital

DATE OF BURIAL, ... 19....

20-UNDERTAKER. ——

ADDRESS

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16676

CERTIFICATE OF DEATH.

90 E 16676

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3301 Belair Road St. 76-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank X. Moller

(a) RESIDENCE NO. 3301 Belair Road St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C Moller

6 DATE OF BIRTH (month, day, and year) Dec 23/1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. Holy do

(b) General nature of industry, business, or establishment in which employed (or employer) Redeemer Cemetery

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Valentine Moller

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country)

14 Informant Annie C. Moller

(Address) 3301 Belair Rd.

15 Filed_____ 19____ C. HARPSON JONES, M. D.

Per _____ Registrar

1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Probably Cardio-vascular)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) .....yrs. .....mos. .....ds.

(Signed) J. S. Haller M. D.

(Coroner)

12-10-26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — Date of Burial Dec. 13 1926

20 UNDERTAKER Henry Stock Son — ADDRESS 1301 E Eager St

Spec.-7-17-26—A Co.—200 Bks.

16677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16677

REGISTERED NO. 101-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1113 Darley Ave St., 9-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME C. Gertrude Storck

(a) RESIDENCE NO. 1113 Darley Ave St. ..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 5 mos. 28 ds. How long in U. S. if of foreign birth ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Bernard F. Storck

6 DATE OF BIRTH (month, day, and year) June 12 1893

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	33	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Lincoln H. Ludwig

11 BIRTHPLACE OF FATHER (City or town) Pa.

(State or country)

12 MAIDEN NAME OF MOTHER Agnes Hard

13 BIRTHPLACE OF MOTHER (City or town) Balto. Md

(State or country)

14 Informant Wm. Bernard F. Storck

(Address) 1113 Darley Ave

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per RDH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 19 26

17 I HEREBY CERTIFY, That I attended deceased from December 2 1926. to December 10 1926

that I last saw her alive on December 10 1926.

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation and Exhaustion

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Esquiberg M. D.

12/10 1926 (Address) 2027 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — Date of Burial Dec 13' 1926

20 UNDERTAKER Henry Hoeck Son — ADDRESS 1301 E Eager

...—1-12-23—M&T—500 Bks.

16678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 16678

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 E Fayette ST. 5-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Priscilla A Purnell

(a) RESIDENCE NO. 1416 E Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Henry Purnell

DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant (Address): John H Purnell 1416 E Fayette

1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8 Dec 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 8, 1926, that I last saw h alive on Dec 7, 1926, and that death occurred, on the date stated above, at 8 AM m.

The CAUSE OF DEATH* was as follows:

Chronic Brights Dis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uraemic Condition

(Signed) Wesley Burns, M. D.

12-9-26, 19 (Address) 2017 E 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	12/12/ 1926

20 UNDERTAKER: Mrs Chas H. Bailey ADDRESS 1721 Jefferson

Dec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16679

CERTIFICATE OF DEATH.

E 16679

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST., WARD)

REGISTERED NO. 14-7400

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gabriano Dourian

(a) RESIDENCE NO. 2235 Penn Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Akaby Dourian

DATE OF BIRTH (month, day, and year) 1872

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	54			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Business

(c) Name of employer: 2235 Penn Ave

BIRTHPLACE (city or town) (State or country): Turkey

PARENTS

10 NAME OF FATHER: Mardiros Dourian

11 BIRTHPLACE OF FATHER (city or town) (State or country): Turkey

12 MAIDEN NAME OF MOTHER: Elizabeth Totian

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Turkey.

14 Informant: D. Kachadourian

(Address) 1223 N Charles St

15 Filed 1926 19 C. HAMPSON JONES, M. D. Registrar

For Reg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-9 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-27, 1926, to 12-9, 1926,

that I last saw h... alive on 12-9, 1926,

and that death occurred, on the date stated above, at 6.04 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) J Fuela MD. M. D.

12/9, 1926 (Address) 1222 N Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Dec 11 19

20 UNDERTAKER: John F Denny

ADDRESS: 715 Light St

Spec.—12-9-25—A Co.—200 Blks.

E 16680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16680

44

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals (U.B.) St. 1-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Warner (Gustavson)

(a) RESIDENCE NO. 104 S. East ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)_____

(State or country) Sweden

PARENTS

10 NAME OF FATHER Enoch Gustavson

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Sweden

12 MAIDEN NAME OF MOTHER Sophia Johnson

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Sweden

14 Informant Hospital Records

(Address)

Filed 1926 C. HAMPSON JONES, M. D.

Per RCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1926, to Dec. 10, 1926, that I last saw him alive on Dec. 10, 1926, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

[redacted] Pulmonary TB,

Carcinoma of stomach

with secondary anaemia

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? ...Date of...

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Lattemore, M. D.

12-1, 1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Emmorst Md. Dec 12 1926

20 UNDERTAKER ADDRESS

Chas. G. Black 742 W. Northaven

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16681 E 16681

CERTIFICATE OF DEATH.

129

5-2

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1417 May St S. _____ Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Whittington

(a) RESIDENCE NO. 1407 May St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 55 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teamster

(b) General nature of industry, business, or establishment in which employed (or employer): self

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: John Whittington

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Anderson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Charles Wesley

(Address): 1316 Penna Ave

15 Filed _____, 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 9/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Appearance Chr. Alcoholism

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. L. Pales, M. D.

(Coroner)

12/10/26 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs., ...mos., ...ds. In the State.....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

Date of Burial: Dec 11 1926

20 UNDERTAKER: Wm H Case & Son

ADDRESS: 1400 Mosher

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16682 × 124 E 16682

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. 1-1 ST., WARD)

2-FULL NAME Marvin Simmons

(a) RESIDENCE NO. Valley Head ST., West WARD 2a -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced (or) HUSBAND of / WIFE of Hettie Simmons

DATE OF BIRTH (month, day, and year) December

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	94			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Va -

10 NAME OF FATHER Amos Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Va

12 MAIDEN NAME OF MOTHER Lucy Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va

Informant (Address) Friends -

Filed DEC 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1926, to Dec - 11, 1926, that I last saw him alive on Dec - 11, 1926, and that death occurred, on the date stated above, at 12 55 A. m.

The CAUSE OF DEATH* was as follows:

Tracheobronchitis - purulent

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? W Va

Did an operation precede death? Yes Date of Dec 6-26

Was there an autopsy? Yes

What test confirmed diagnosis? Path

(Signed) Warfield M Longcope, M. D.

, 19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Valley Head W Va

DATE OF BURIAL Dec 12 1926

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

Cor.—12-9-26—A Co.—200 Bkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

44

E 16683

CERTIFICATE OF DEATH.

E 16683
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No ~~Sinai Hospital~~ St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Steinbach

(a) RESIDENCE NO. 1149 Granby St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? 13 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 67

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Louis Flishman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Sora

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Levison & Bro

(Address)

Filed OCT 2 1926 HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(Arteriosclerosis & probably Malignant Liver)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Collins, M. D.
(Coroner)

12/11/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
Hebrew Southern Ave	12/12 26
20 UNDERTAKER	ADDRESS
Sol. Levinson & Bro	1127 E Balto St

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16684 E 16684

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 909 Whitelock St. 13-6 WARD) 89

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Libowitz

(a) RESIDENCE NO. 909 Whitelock ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? 38 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	65	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Dlr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Samuel L. Libowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Mrs. A. Libowitz

(Address) 909 Whitelock St.

C. HARPER JONES, M. D.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10, 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1926, to Dec. 10, 1926.

that I last saw him alive on Dec. 10, 1926

and that death occurred, on the date stated above, at 7 A. m

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Isidor L. Levy, M. D.

Dec, 1926 (Address) # 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rodeph Shalom	12/12 1926
20 UNDERTAKER	ADDRESS 1127 E Balto St
Sol Simson & Bro	

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16685

CERTIFICATE OF DEATH.

12-9 E 16685

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 4056 Park Heights Ave St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rebe Sody

(a) RESIDENCE NO. 4056 Park Heights Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 20 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: David Sody

6b DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	88	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: old age

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country): Russia

PARENTS

10 NAME OF FATHER: Hyman Sody

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Hinda

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Russia

14 Informant: Louis Sody

(Address): 4056 Park Heights Ave

Filed C 1 2 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: December 11th

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2nd, 1926, to Dec 11, 1926, that I last saw h.. alive on Dec 11, 1926, and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis & Myocarditis

(duration) ___ yrs. 6 mos. ___ ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) ___ yrs. ___ mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Michael A Abrahms, M. D.

Dec 11, 1926 (Address) 1360 Entaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — Date of Burial 12/12 1926

20 UNDERTAKER: Jack Lewis — ADDRESS 1439 E Baltimore St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16686

CERTIFICATE OF DEATH.

188-003 E 16686

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Lewis

(a) RESIDENCE NO. 1227 E. Biddle St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	wjite	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) March/1914

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	12	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cavia/ Cold

(b) General nature of industry, business, or establishment in which employed (or employer) School Boy

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Abraham Lewis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Freedom

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Abraham Lewis

(Address) 1227 E. Biddle St

15 Filed 12 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said his (Inquest, autopsy or inquiry.) inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractired Skull- Stuck by automobi l near Eden St & Ashland Ave, on Dec 7/26

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. L. Bates, M. D. (Coroner)

12/11/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrm Rm Date of Burial 12/12 1926

20 UNDERTAKER Jack Lewis 1439 E Balto ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16687

CERTIFICATE OF DEATH.

153 E 16687

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. West Baltimore Gen. Hosp. WARD 27-2)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Bernard Sumler

(a) RESIDENCE NO. 1400 Monroe St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 6 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Agent

(b) General nature of industry, business, or establishment in which employed (or employer) 445

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Samuel Sehnseer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Bernheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) U.B.G. Hosp. Pikesville Md

15 Filed DEC 2 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/15, 1926, to 12/12, 1926, that I last saw him alive on 12/12, 1926, and that death occurred, on the date stated above, at 4.00 p. m.

The CAUSE OF DEATH* was as follows:

Retroperitoneal suppuration

(Cause not determined)

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 11/21/26

Was there an autopsy? No To determine cause

What test confirmed diagnosis? Chemical

(Signed) Arnold D. Jensen M. D.

12/12 1926 Address West Baltimore Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern Cal	12/14 1926
20 UNDERTAKER	ADDRESS
Jack Lewis	1139 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

16688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X. 17E 16688

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Masenheimer

(a) RESIDENCE NO. Westminster, Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hanna

DATE OF BIRTH (month, day, and year) Mar. 1877

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	49	9		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto, Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

PARENTS

14 Informant F. Rice,
(Address) Westminster Md

15 Filed 2 1926 C. HAMPSON JONES, M. D. Registrar
By P.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1926, to Dec. 11, 1926, that I last saw him alive on Dec. 11, 1926, and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis
Chronic Interstitial Nephritis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia, Broncho-pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis F. Levy, M. D.

12/11, 1926 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hanover Pa — DATE OF BURIAL Dec 14 1926

20 UNDERTAKER W M Routson — ADDRESS 230 N Greene

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

E 16689

CERTIFICATE OF DEATH.

10 E 16689

1-PLACE OF DEATH 413 N. Spring St

REGISTERED NO.

CITY OF BALTIMORE: (No. 5-2 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME B. Frank Richardson

(a) RESIDENCE No. 413 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col.	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 1st 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

4 Informant Lillian Richardson

(Address) 413 N. Spring St.

Filed 1-2 1926, 19 ... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 9 1926

17

I HEREBY CERTIFY, That I attended deceased from 11-29, 1926, to 12-9, 1926

that I last saw him alive on 12-9, 1926,

and that death occurred, on the date stated above, at 9 1/2 a. m.

The CAUSE OF DEATH* was as follows:

Acute Congestive Pneumonia

Cardiac Dilatation

Gastro Enteritis (duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. F. Butler, M. D.

, 19 (Address) 425 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Dec 12 1926

20 UNDERTAKER Wm. J. H. Rochester

ADDRESS 1413 Hoffman St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16690

CERTIFICATE OF DEATH.

31 E 16690

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1609 Barnes St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A Hellery.

(a) Residence No. 1609 Barnes St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX, male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND ~~of (or) WIFE~~ of Cora Hellery

DATE OF BIRTH (month, day and year) 12-10-1892

AGE, 34 yrs. mos. 19 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Musician

(b) General nature of Industry, business, or establishment in which employed (or employer) Royal Theater

(c) Name of employer Royal Theater

BIRTHPLACE (city or town) Baltimore (State or Country) Maryland

10-NAME OF FATHER, Thomas Hellery

11-BIRTHPLACE OF FATHER (city or town) Washington (State or Country) D. C.

12-MAIDEN NAME OF MOTHER, Rebecca Clark

13-BIRTHPLACE OF MOTHER (city or town) Providence (State or Country) Rhode Island

14-(Informant) Rebecca Hellery

(Address) 1012 N. Stricker St.

15-FILED 12 1926 C. HAMPSON JONES, M. D. 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-10-1926

17- I HEREBY CERTIFY, That I attended deceased from November 16 1926 to Dec 10- 1926 that I last saw h alive on Dec 10th 1926 and that death occurred, on the date stated above, at 6.05 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. mos. ds

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds

18-Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) J Bunnell Lamb M. D.

, 19 (Address) 2937 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Asbury Cemetery — DATE OF BURIAL, Dec 14 1926

20-UNDERTAKER, per J. H. Rochester — ADDRESS 1413 Jefferson

—1-12-28—S1&T—500 Bks.

7825

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16691

CERTIFICATE OF DEATH.

X 84 E 16691

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

TY OF BALTIMORE: (No. ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Godsey

(a) RESIDENCE No. 10332 Elk Ave E. Cleveland Ohio ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

ATE OF BIRTH (month, day, and year) unknown

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work B. R. Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer

IRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Robert Godsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Grace Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Records.

(Address)

DEC 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1926, to Dec. 11, 1926, that I last saw h in alive on Dec. 11, 1926, and that death occurred, on the date stated above, at 5:20 p m.

The CAUSE OF DEATH* was as follows:

Brain Tumor — Dural

Endothelioma — benign

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/27/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) George G. Finney, M. D.

Dec 11, 1926 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Petersburg Va	12/12 1926
20 UNDERTAKER J. Ahearn	ADDRESS 221 W. Broad

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16692

CERTIFICATE OF DEATH.

74-E 16692

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2833 Harlem Ave ST., 16-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William James Brown

(a) RESIDENCE NO. 2833 Harlem ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Claudia E Brown

DATE OF BIRTH (month, day, and year) Sept 20 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employed at

(b) General nature of industry, business, or establishment in which employed (or employer) United Railways

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Ed. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elmira Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Mrs. Brown 2833 Harlem Ave.

15 Filed DEC 2 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 4 1926

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1921. to Dec 4, 1926.

that I last saw h im alive on Dec 4, 1926

and that death occurred, on the date stated above, at 7.30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Essential Hypertension

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Sadler M. D.

, 19 (Address) 2348 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J. Few McCully

DATE OF BURIAL 12/13 1926

20 UNDERTAKER London Park

ADDRESS 130 E. Fort

ec.—1-10-21—M&T—1500 Bks.

E 16693 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 16693

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balto General Hospital

ITY OF BALTIMORE: (No. Bayon and Dukeland St. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Gray

(a) RESIDENCE NO. 316 Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | 4 COLOR OR RACE colored | 5 Single, Married, Widowed, or Divorced, (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of single

DATE OF BIRTH (month, day, and year) 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Louise Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Kate Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Grace Gray

(Address) 322 N. Gaine St. Trust.

Filed DEC 12 1926

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/9 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/24, 1926, to 12/9, 1926, that I last saw her alive on 12/9, 1926 and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos 2/ ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cy	12/12 1926

20 UNDERTAKER Leonard Wheeler ADDRESS 8 Mayfield

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16694 44 E 16694

16694

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Johnson

(a) RESIDENCE NO. 643 Cider alley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Mal	Colored	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Johnson

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
92	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer non Lately

9 BIRTHPLACE (city or town)

(State or country) Virginia

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

PARENTS

14 Informant Matilda Johnson

(Address) 643 Cider alley

15 FILED DEC 12 1926 19 C. HARPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach, Liver, bones & Femural metastases through abdomen

(durntion) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M. Fenton M. D. (Coroner)

12/10 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 643 Cider alley

Former or usual residence 643 Cider alley

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Date of Burial dec 12 1926

20 UNDERTAKER Leonard Whalen ADDRESS 703 Saratoga ave

pec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16695
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 16695
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 28 Poultney St. 23-1 Ward)

2-FULL NAME Martin S. Waltenspiel

(a) RESIDENCE NO. 28 Poultney St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
4 Color or Race: White
5 Single, Married, Widowed, or Divorced. (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Aug 26 1867

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	59	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer odd
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Ind Meter Works

9 BIRTHPLACE (city or town): Baltimore
(State or country): Md

PARENTS

10 NAME OF FATHER: Martin Waltenspiel
11 BIRTHPLACE OF FATHER (city or town):
(State or country): Germany
12 MAIDEN NAME OF MOTHER: Catherine Mitchel
13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Germany

14 Informant: Miss Margt Waltenspiel
(Address) 28 Poultney St

Filed DEC 12 1926, 19 C. HAMPSON JONES, M. D.
By — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-9th 1926

17 I HEREBY CERTIFY, That I attended deceased from December 7, 1926 to Dec 9, 1926, that I last saw h— alive on Dec 9, 1926, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Bronchitis & Emphysema
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) John A. Schmeisser, M. D.
19 (Address) 1337 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross AAC — Date of Burial 12-13 1926
UNDERTAKER: C & B Harle — ADDRESS 115 E West St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16696

CERTIFICATE OF DEATH.

100-001

E 16696

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp St., 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Domarie Mozir

(a) RESIDENCE NO. 901 Ridgely St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | 4 Color or Race white | 5 Single, Married, Widowed, or Divorced. (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct 20 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Arnold Moser

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Indiana

12 MAIDEN NAME OF MOTHER Bertha Brown

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant A. Moser

(Address) 901 Ridgely

Filed DEC 1 1926 C. HARRISON JONES, M. D. Registrar

C 12 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Duration (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) W J Fahey, M. D. (Coroner)

Dec 1, 19 (Address) 1659 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem Date of Burial 12-13 1926

20 UNDERTAKER E & R Hartig ADDRESS 115 E Lexington St.

Dec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 16697

E 16697

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1537 W. Fayette St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Holmes Jr.

(a) RESIDENCE NO. 1537 W. Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 7/18/26

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
		4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Boston

(State or country): Mass.

10 NAME OF FATHER: Henry Holmes Sr.

11 BIRTHPLACE OF FATHER (city or town): Mass.

(State or country)

12 MAIDEN NAME OF MOTHER: Winifred Mack

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va.

PARENTS

14 Informant: Father

(Address) 1532 Fayette St.

15 Filed 12 2 1926, 19 C. HAMPSON JONES, M. D. Registrar

By RC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/10/26, 19

17 I HEREBY CERTIFY, That I attended deceased from 12/1/26, 19 to 12/10/26, 19, that I last saw him alive on 12/9/26, 19, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Primary)

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Hawkins, M. D.

(Address) 717 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn	12/12/26

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Ashland

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16698 — REGISTERED NO. E 16698

1-PLACE OF DEATH 1753 Hanover

City of BALTIMORE: (No. Hanover & Barney St. 23-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred E. Fields

(a) RESIDENCE NO. 1753 Hanover & Barney St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 16-20

7 AGE — Years: 5 — Months: 11 — Days: 25 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Wm. Fields

11 BIRTHPLACE OF FATHER (City or town)

(State or country) W. Va

12 MAIDEN NAME OF MOTHER Ethel Watson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va

14 Informant Wm. Fields

(Address) 1753 Hanover St

15 Filed DEC 2 1926

C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11-1926

17 I HEREBY CERTIFY, That I attended deceased from 12/9/26, 19..., to 12/11—, 19 26, that I last saw her alive on 12/11—, 19 26, and that death occurred on the date stated above, at ..... m.

THE CAUSE OF DEATH* was as follows: Acute Lymphatic Probably Diphtheritic Tonsillitis Tonsils Removed Pneumonia

..... (duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary)

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Leibman M. D.

, 19 (Address) 1340 S. Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft. Lincoln Cemetery — Date of Burial: Dec 14 1926

20 UNDERTAKER: F. A. Wanner & Son — ADDRESS: 703 Hanover

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16699

REGISTERED NO. 31 E 16699

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St. (W.B.) Ward) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Godfrey Bowen

(a) RESIDENCE NO. 1105 E. Preston st. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1878

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver 23

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Godfrey W. Bowen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Hein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hospital Records

(Address)

Filed DEC 12 1926 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 9, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1925, to Dec. 9, 1926, that I last saw him alive on Dec. 9, 1926, and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Hemiplegia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gallaher, M. D.

(Address) Baltimore City Hospitals 12-10 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Dec 13 1926

20 UNDERTAKER Rita Wiedefeld ADDRESS 914 Greenmt Ave

Dec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 16700

REGISTERED NO. **E 16700**

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Williams

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	abt. 80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER John. White

11 BIRTHPLACE OF FATHER (city or town) unknown

(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown

(State or country)

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St.

15 Filed DEC 12 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10th 1926

17 I HEREBY CERTIFY, That I attended deceased from No record, 19..., to ..., 19...,

that I last saw h.. alive on Dec 7, 1926,

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

unknown (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(durntion) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A. Warner, M. D.

Dec 11, 1926 (Address) 133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Olivet Cemetery	Dec 13 1926
20 UNDERTAKER	**ADDRESS**
Della M. Bridges	1-2 Greenmt Ave

Dec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16701

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 Myrtle Ave St. 17-2 WARD)

2 FULL NAME Elizabeth A. Stopkins

(a) RESIDENCE NO. 1035 Myrtle Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74-E 16701

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Stopkins

DATE OF BIRTH (month, day, and year) Feb 17, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Frederick
(State or country) Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Frederick
(State or country) Md

14 Informant Cora Stopkins
(Address) 1035 Myrtle Ave

15 Filed DEC 2 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10, 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28th 26 to Dec 10, 1926, that I last saw her alive on Dec. 9th, 1926, and that death occurred, on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Progressive Hemoplegia

(duration) yrs. mos ds.

CONTRIBUTORY (secondary) Terminal Pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

12/10, 1926 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/13 1926

20 UNDERTAKER Emanuel H. Hawley

ADDRESS 578 N. Eddison

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16702

105

E 16702

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2022 Madison Ave St., 14-1 Ward)

2-FULL NAME Joseph Briscoe

(a) RESIDENCE NO. 2022 Madison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lillian Briscoe

7 DATE OF BIRTH (month, day, and year) May 10, 1875

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	51	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of indnstry, business, or establishment in which employed (or employer) Oy

(c) Name of employer

9 BIRTHPLACE (city or town) St Marys Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Robert Briscoe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Bond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Pinkney Briscoe

(Address) 1415 Fremont Ave

15 Filed ..... 19..... C. HAMPSON JONES, M. D.

Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Dec 9, 1926,

that I last saw him alive on Dec 9, 1926,

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial asthma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr William Frey, M. D.

12/10, 1926 (Address) 1928 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial 12/13/26

20 UNDERTAKER Samuel Wesley ADDRESS 578 W Baltimore

Rec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16703

CERTIFICATE OF DEATH.

E 16703

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Edgewood Rd. Hsleburton 15-W-57 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christina R. Gaebler,

(a) RESIDENCE No. 3507 Edgewood Rd. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Charles G. Gaebler

DATE OF BIRTH (month, day, and year): April 12, 1858

AGE: Years 68 Months 8 Days — If LESS than 1 day, hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Louis Lauterback

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Regina Hoefel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Wm E. Fuchs

(Address): 3507 Edgewood Rd

15 Filed: 2 1926 19 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 12 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1925, to Dec 12th, 1926, that I last saw h[illegible] alive on Dec 12th, 1926, and that death occurred, on the date stated above, at 3, 1 m.

The CAUSE OF DEATH* was as follows:

Diabetes Mel.,

(duration) 1 yrs. c mos. c ds.

CONTRIBUTORY (Secondary) c

(duration) c yrs. c mos. c ds.

18 Where was disease contracted if not at place of death? ~~Heart~~ Home

Did an operation precede death? No Date of c

Was there an autopsy? c

What test confirmed diagnosis? Urine + Clews.

(Signed) Augustus Horn, M. D.

19 (Address) 2808 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Western

DATE OF BURIAL: DEC 14 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS: 3708 HAMPDEN AVE

Spec.—12-9-25—A Co.—200 Bks.

E16704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 57 **E 16704**

REGISTERED NO._____

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No._____ St. 61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Nina Willson

(a) RESIDENCE NO.___ Frederick, Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 10 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Femal	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) ? ? 1860

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
66		?	?	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Fredgrick

(State or country) Md

PARENTS

10 NAME OF FATHER J. Thomas Willson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Anna Tyler

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Fred. Md

14 Informant Miss Elenor Tyler

(Address) 152 Park Ave

Filed DEC 13 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26

Dec 12, 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-2-, 19 26, to 12-12, 19 26, that I last saw h.. alive on 12-12, 19 26, and that death occurred, on the date stated above, at 4:15 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Bronco - Pneumonia

? (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

? (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? Lab

(Signed) Merrill J. Shelton, M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick, Md. Date of Burial Dec 13 19 26

20 UNDERTAKER Hughes & Jones Inc. ADDRESS 400 N. Broadway

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

16705

CERTIFICATE OF DEATH.

90 E 16705

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1043 W. Fulton Ave ST. 16-6 WARD)

2-FULL NAME William O. Smith

(a) RESIDENCE NO. 1034 W. Fulton Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie Smith

DATE OF BIRTH (month, day, and year) March 1 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	9	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 131

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER William O Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant William O. Smith

(Address) Ruxton Md.

Filed DEC 13 1926 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Dec 11, 1926, that I last saw h.. alive on Dec 11, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Cause

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. Thomas Fulton, M. D.

, 19 (Address) 1001 W. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL Dec 13th 1926

20 UNDERTAKER E. LeRoy Stiffler

ADDRESS 232 North Ave

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16706

CERTIFICATE OF DEATH.

E 16706

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE; (No. 3500 Clifton Ave ST. 15-5 WARD)

2-FULL NAME Virginia Miller Rich

(a) RESIDENCE NO. 3500 Clifton ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 8 mos. 5 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. Robbins Rich

DATE OF BIRTH (month, day, and year) Sept. 6 1841

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	8	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Alexander Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rebecca Myers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mr. Clinton Rich

(Address) 3500 Clifton Ave.

DEC 13 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Feby 16th, 1926, to Dec 11th, 1926,

that I last saw h alive on Dec. 10th, 1926,

and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy
with left Hemiplegia

13½ Years
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eugene Douglass, M. D.

Dec 14 1926 (Address) 3043 St. Paul st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
All Saints Cem. Reisterstown	Dec 13 1926
UNDERTAKER	ADDRESS
Wm. Tucker & Sons	North St

ec—12-23-21—E.B.R.S.—400 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16707 — E 16707

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH 2222 Harford ave

City of BALTIMORE: (No. 2222 Harford ave ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Eleanora Kopp

(a) Residence No. 2222 Harford ave Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) Sept 29, 1853

8-AGE, 73 yrs. 2 mos. 11 ds. If LESS than 1 day, ...hrs. or.....min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or Country), Baltimore City

10-NAME OF FATHER Ferdinand Kopp

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER Emilia Haase

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany

14-Informant Ethel P. Keefe

(Address) 2222 Harford ave

15-Filed DEC 13 1926 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 10, 1926

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1926 to Dec. 10, 1926

that I last saw her alive on Dec. 10, 1926

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Metastasis

(Duration) yrs. 11 mos. 10 ds.

CONTRIBUTORY (Secondary) Carcinoma of Uterus

(Duration) yrs. 11 mos. 10 ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical only

(Signed) Chas. A. Reading M. D.

(Address) 1540 N. Broadway

Dec 10, 1926

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Crem — DATE OF BURIAL, Dec 13, 1926

20-UNDERTAKER, J. J. Fisher & Sons — ADDRESS Balto Md

1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16708

REGISTERED NO.

1-PLACE OF DEATH E 16708

CITY OF BALTIMORE: (No. 311 Locust ave (Overlea) ST., 71 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Phillipina Wack

(a) RESIDENCE NO. 1737 E. Eager St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore Wack

DATE OF BIRTH (month, day, and year): June 25-1844

AGE: Years 82 | Months 5 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None old

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: J. Conrad Ekas.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): dont know

Informant: Marie E. Hayn.

(Address): 311 Locust ave

Filed DEC 13 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9 1926

17 I HEREBY CERTIFY, That I attended deceased from March 27 1926, to Dec 9, 1926, that I last saw h alive on Dec 9, 1926, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Theo Hurst, M. D.

12/10 1926 (Address) Mapleaw & Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 13 1926

20 UNDERTAKER: Zirkler + Zirkler — ADDRESS: 1739 E. Eager St.

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16709

CERTIFICATE OF DEATH.

101-001

E 16709

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3907 Fernwood ave ST. 26-7 WARD)

2-FULL NAME Christena Kimpel

(a) RESIDENCE No. 3907 Fernwood ave ST., WARD

(Usual place of abode)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, and year) Nov. 30-1853

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	-	10	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Caspar Kimpel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Kerber

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant Mrs. A. Wilmer

(Address) 3907 Fernwood ave

Filed 13 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 23, 1926, to Dec 10, 1926,

that I last saw her alive on Dec 9, 1926

and that death occurred, on the date stated above, at 5:05 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Acute dilatation Heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Caleb V. Fahey, M. D.

Dec 11 1926 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Matthews Cem.	Dec. 13 1926
20 UNDERTAKER	ADDRESS
Zirkler + Zirkler	1739 E. Eager St.

—1)23-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16710

CERTIFICATE OF DEATH.

44 E 16710

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2608 Jefferson ST., 7-3 WARD)

2-FULL NAME Emma A. Noll

(a) RESIDENCE No. 2608 Jefferson ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Widow

~~married~~, widowed, ~~or divorced~~

HUSBAND ~~of~~ (or) WIFE of Charles W. Noll

ATE OF BIRTH (month, day, and year) Oct. 27-1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	1	13	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Jacob Glaseer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rosa B. Kemp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Mrs. Joseph Imbres. (Address) 2608 Jefferson St.

Filed DEC 3 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 12 —, 1924, to Dec 10 —, 1926

that I last saw her alive on Dec 9 —, 1926

and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Epithelioma

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Carcinoma of Pylorus

(duration) 1 yr 11 mos. 28 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Jacob Cook M. D.

12/11/1926 (Address) 1601 E Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Dec 14 1926
20 UNDERTAKER Zirkler & Zirkler	ADDRESS 1739 E. Eager St.

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16711

CERTIFICATE OF DEATH.

119

E 16711

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hosp 32-1 ST. WARD)

2-FULL NAME Hyman Ellis

(a) RESIDENCE NO. Watertown, N.Y. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Hyman Ellis

ATE OF BIRTH (month, day, and year) Aug 16 - 1867

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	27	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Jonas Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Minnie Slutzki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

Informant (Address) Hospital

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1926, to Dec 13, 1926.

that I last saw him alive on Dec 13, 1926

and that death occurred, on the date stated above, at 4:10 a m.

The CAUSE OF DEATH* was as follows:

septicemia (staph. Hem.)

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Enlarged Prostate Chronic Cystitis & bladder

(duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 18, 1926

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph O. Sparks M. D.

, 19 (Address) Union memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Watertown N.Y.

DATE OF BURIAL 12/15 19 26

20 UNDERTAKER Jack Lewis 1439 Walbert

ADDRESS

Dec.—12-9-25—A Co.—200 Bks.

E 16712

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16712

CERTIFICATE OF DEATH

STILL BIRTH No.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby (Girl) Tublin

(a) RESIDENCE NO. 2910 Ridgewood Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 12/12/26

8 AGE: Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. 12 hours

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

11 NAME OF FATHER Morris Tublin

12 BIRTHPLACE OF FATHER (city or town) Russia

(State or country)

13 MAIDEN NAME OF MOTHER Rose Cohen

14 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant Host

(Address)

C. HAMPSON JONES, M. D.

15 Filed DEC 13 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-26 19

17 I HEREBY CERTIFY, That I attended deceased from 12-12, 19 26, to 12-12, 19 26,

that I last saw h[illegible] alive on 12-12, 19 26,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

Cardiac Failure

(duration) yrs. 12 hours ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Edward A. Gutch, M. D.

12/13/1926 (Address) 920 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Date of Burial 12/13 1926

UNDERTAKER: Jack Levin ADDRESS 1434 E Baltimore St

Dec.—12-9-25—A Co.—200 Bks.

E 16713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16713

161-001

STILL BIRTH

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby (Boy) Garfinkel

(a) RESIDENCE NO. 2628 Pk Heights Terrace. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 12/12/26.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
				13 hours

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Harry Garfinkel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Bertha Abrams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

14 Informant

(Address)

Filed DEC 13 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12-12-26

17

I HEREBY CERTIFY, That I attended deceased from 12-12 19 26 to 12-12, 19 26, that I last saw him alive on 12-12, 19 26, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Harry Weintraub, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Hebrew Int. Comm'l 12/13 1926

20 UNDERTAKER — ADDRESS

Jack Laurs 1734 E Balto St

For.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16714

CERTIFICATE OF DEATH.

100-001

E 16714

REGISTERED NO. 0

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1547 N. Bruce St., W. Ward)

2-FULL NAME Mary L. Henderson

(a) RESIDENCE NO. 1547 N. Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

6 If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Joe Henderson

DATE OF BIRTH (month, day, and year) April 1, 1897

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	8	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Balto md

10 NAME OF FATHER William Turner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Maggie Sawyer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Calvert Co md

14 Informant Maggie Turner

(Address) 1547 N Bruce St

15 Filed DEC 13 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1926

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest autopsy or inquiry.

thereon and from the evidence obtained by said Inquest autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(Duration) 2 days

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

Signed C. C. Slade M. D.

(Coroner)

(Address) 1711 Division Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery Date of Burial Dec. 13 1926

20 UNDERTAKER Mrs Jas H. Dennis per T. B. Pelton ADDRESS 1303 Presstman St.

Dec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 16715

CERTIFICATE OF DEATH.

E 16715

1-PLACE OF DEATH

City of BALTIMORE: (No. 901 N. Stricker St. 16-6 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Conner, Jr.

(a) RESIDENCE NO. 901 N. Stricker St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): Aug 27, 1926.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: William Conner, Sr.

11 BIRTHPLACE OF FATHER (city or town): Va.

(State or country)

12 MAIDEN NAME OF MOTHER: Dorothy Harrison

13 BIRTHPLACE OF MOTHER (city or town): Del.

(State or country)

14 Informant: Father

(Address): 901 Stricker St

Filed DEC 13 1926 E. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/10/ 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/8/ 1926, to 12/10/ 1926,

that I last saw him alive on 12/10/ 1926,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Primary)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. B. Hayden Kerr, M. D.

12/10/ 1926 (Address) 912 Eilwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. Date of Burial: Dec 13 1926

20 UNDERTAKER: Saml. H. Chase. Inc. ADDRESS: 1405 Washington

—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16716

REGISTERED NO. 159 E 16716

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 510 N Ellwood (St.) 7-3 (Ward)

2-FULL NAME Baby Zilman

(a) RESIDENCE. No. 510 N Ellwood St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. one day How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) dec 12 1926.

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md City

10 NAME OF FATHER John Zilman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md City

12 MAIDEN NAME OF MOTHER Helen Salger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md City

Informant John Zilman
(Address) 510 N Ellwood

Filed DEC 3 1926 19 C. HAMPSON JONES, M. D. Registrar
Per R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1926, to Dec 11, 1926, that I last saw her alive on Dec 11 1926, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Congenital Hydrocephalus

(duration) yrs. mos one day

CONTRIBUTORY (Secondary) Congenital

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Home)

Did an operation precede death? No Date of Dec 11 26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Kemper, M. D.

12 12 1926 (Address) 702 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Dec. 13th 1926

20 UNDERTAKER Lilly and Zeile ADDRESS 403 S. Wolfe St

Dec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-002

E 16717.

CERTIFICATE OF DEATH.

E 16717.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 154 N Exeter St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Matthews

(a) RESIDENCE NO. 154 N Exeter St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Matthews

DATE OF BIRTH (month, day, and year) Nov 28 1883

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
43	0	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Robert Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Elizabeth Matthews

(Address) 154 Exeter St

FILED DEC 3 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1926, to Dec 10, 1926, that I last saw him alive on Dec 10, 1926, and that death occurred, on the date stated above, at 12.40 A.m.

The CAUSE OF DEATH* was as follows:

Mediastinal Abscess

(duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm S Allen, M. D.

, 19 (Address) 508 Fremont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Magothy Annc Co Md 12/14 1926

20 UNDERTAKER — ADDRESS

Byrom & Wright — 1218 McElderry St

1-12-23—M&T—500 Blks.

Year

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16718

CERTIFICATE OF DEATH.

31 E 16718

1-4

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S Elwood ave ST. WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis W Gottschalk

(a) RESIDENCE NO. 419 S Elwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) September 30 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Francis X. Gottschalk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Mrs Kreutzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

Informant Charles Gottschalk

(Address) 419 S Elwood ave

Filed DEC 13 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1926, to Dec. 11, 1926,

that I last saw he alive on 12 10, 1926

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Edward Neun, M. D.

(Address) 4058 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 14 1926
20 UNDERTAKER Wendell Oppel Son	ADDRESS 373 Ann

ec.—8 24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16719

CERTIFICATE OF DEATH.

90.

REGISTERED E 16719

1-PLACE OF DEATH

ITY OF BALTIMORE (No. 900 Chauncey Ave., ST; 13-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Cummins

Residence in Baltimore: No. 900 Chauncey Ave., St.; 21 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

EX, female

4-COLOR OR RACE, white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.) Widow

ATE OF BIRTH, ..., 1844
(Month) (Day) (Year)

GE, 82 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION:
a) Trade, profession, or particular kind of work ..... Housework
b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE, State or Country), Russia

10-NAME OF FATHER, Calman Lisb

11-BIRTHPLACE OF FATHER (State or Country), Russia

12-MAIDEN NAME OF MOTHER Bessie Rorhard

13-BIRTHPLACE OF MOTHER (State or Country), Russia

-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) 1432 E Balto St.

DEC 13 1926 191 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 12, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Jan 1st 1913, to Dec 12 1926, that I saw h[er] alive on Dec 12th 1926, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

..... (Duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

..... (Duration) 1 yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

12-13-, 1926 (Address) 1 East Preston St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Nthew Southern Ave.

DATE OF BURIAL, 12-15-, 1926.

20-UNDERTAKER Jack Kreis, 1432

ADDRESS E Balto St.

Dec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16720

90 E 16720

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1508 N Payson St. 15-12 Ward)

2-FULL NAME Harry F Carter

(a) RESIDENCE NO. 1508 N Payson St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Gabrielle M Carter

DATE OF BIRTH (month, day, and year): Sept 21 1870

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bartender

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Retired

BIRTHPLACE (city or town): Frederick md

(State or country)

10 NAME OF FATHER: Chaffen Carter

11 BIRTHPLACE OF FATHER (city or town): Frederick Md

(State or country)

12 MAIDEN NAME OF MOTHER: Emma Trapbe

13 BIRTHPLACE OF MOTHER (city or town): Frederick Md

(State or country)

14 Informant: Mrs Gabrielle M Carter

(Address) 1508 N Payson St

15 Filed DEC 13 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 1926, to Dec 11 1926,

that I last saw him alive on Dec 8 1926,

and that death occurred, on the date stated above, at 10 15 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY _____

(Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Lemuel McParlin, M. D.

12/13/26 (Address) 1114 Hathaway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Date of Burial Dec 14 1926

UNDERTAKER: Wilkins Cook

ADDRESS 502 E Nath Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16721

161-001

E 16721

REGISTERED NO._____

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 95 St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ford.

(a) RESIDENCE NO. 803 Belmont Ave St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year): 12-12-26

AGE	Years	Months	Days	IF LESS than 1 day... hrs. or... min.
	—	—	—	5

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country): Balto Md

10 NAME OF FATHER: James A Ford

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Edna Van Horn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Jas A Ford

(Address): 803 Belmont.

Filed DEC 13 1926 C. KLAUSER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/12, 19 26, to 12/12, 19 26, that I last saw h— alive on 12/12, 19 26, and that death occurred, on the date stated above, at 3-0 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity - (6 mos)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. J. Motta, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem't's Date of Burial 12/13 1926

20 UNDERTAKER: Wm Cook

ADDRESS: Gorsuch

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16722

CERTIFICATE OF DEATH.

37

E 16722

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 2004 Eshland ST., 7-3 WARD)

2-FULL NAME Agnes Holoda

(a) RESIDENCE NO. 2004 Eshland Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Holoda

TE OF BIRTH (month, day, and year): Jan 20 1881

GE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	10	20	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country): Bohemia

10 NAME OF FATHER: Joseph Klement

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Emma Klement

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

Informant: Frank Holoda

(Address) 2004 Eshland Av

Filed DEC 13 1926 19 C. HAMPSON JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 1926

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926 to Dec 10, 1926

that I last saw her alive on Dec 10, 1926

and that death occurred, on the date stated above, at 8.15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Rogers M. D.

Dec 11 19 (Address) 8 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill — DATE OF BURIAL: Dec 13 1926

20 UNDERTAKER: Frank Crockett — ADDRESS: 1906 Eshland

Dec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 16723

1 PLACE OF DEATH

City of BALTIMORE: (No. 1721 Belt St. 24-2 Ward)

2-FULL NAME George W. Abrams

(a) RESIDENCE NO. 1721 Belt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

E 16723 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Abrams

7 DATE OF BIRTH (month, day, and year) Aug 12 1871

8 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
55	3	29	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B and O. R. R. Co

10 BIRTHPLACE (city or town) Cecil Co.

(State or country) Md

11 NAME OF FATHER Wm Harry Abrams

11 BIRTHPLACE OF FATHER (city or town) Cecil Co

(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Ficaldt

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country)

14 Informant Sarah A. Abrams

(Address) 1721 Belt St

15 Filed ..... 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 10th 1926.

17 I HEREBY CERTIFY, That I attended deceased from Sept, 1926, to Dec 10th, 1926, that I last saw h.im alive on Dec 10th, 1926, and that death occurred, on the date stated above, at 10.45P m.

The CAUSE OF DEATH* was as follows:

Essencial Hypertension

uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemmhage (sudden) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Tanker M. D.

, 19 (Address) 1192 N. Milton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Date of Burial 12/14/26

20 UNDERTAKER Geo. Robertson ADDRESS 2503 Edmondson

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16724

CERTIFICATE OF DEATH.

44 E 16724

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 609 Brook ave. Raspeburg ST. WARD)

2-FULL NAME Mary Gunther

(a) RESIDENCE NO 609 Brook ave. Raspeburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Gunther

DATE OF BIRTH (month, day, and year) Sept. 1st 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

BIRTHPLACE (city or town) Hessen Darmstadt (State or country) Germany

10 NAME OF FATHER Caspar Boog

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

Informant Mrs Richard H. Barnes

(Address) 609 Brook Ave. Raspeburg

Filed 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 .1925. to Dec 10 .1926.

that I last saw h alive on Dec 9 .1926.

and that death occurred, on the date stated above at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chron. Prost. Hypertrophy, Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Carcinoma Liver

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustav A Dr 8 M. D.

Dec 20. 1926 (Address) Arabia.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Dec. 14 1926

20 UNDERTAKER Frederick Lassahn Sons Funeral Directors ADDRESS

Dec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16725

CERTIFICATE OF DEATH.

94-001

E 16725

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2008 E. Hoffman St. 8th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida H. Kiddoff Kiddoff

(a) RESIDENCE NO. 2008 E Hoffman St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female

4 Color or Race W

5 Single, Married, Widowed, or Divorced, (write the word) married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John F Kiddoff

DATE OF BIRTH (month, day, and year) June 4- 1862

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	6	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore

10 NAME OF FATHER James Brophy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ann Murphy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant John F Kiddoff

(Address) 2008 E Hoffman

Filed DEC 13 1926 HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/27 1926, to 12/12, 1926

that I last saw h.. alive on 12/10, 1926,

and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Lowe, M. D.

12/13 1926 (Address) 914 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Holy Redeemer Dec 15 1926

20 UNDERTAKER ADDRESS

Robt J Turner W. Lanvale

ec.—1-10-21—M&T—1500 Blks.

16726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1161-001

E 16726

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 135 E. Gittings ST., 24th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Heitzer

(a) RESIDENCE NO. 135 E. Gittings ST., 24th WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) December 11, 1926

AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.
	0	0	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, md

10 NAME OF FATHER Ellis J. Heitzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Sarah C. Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgetown Delaware

Informant Sarah Heitzer

(Address) 135 E. Gittings St.

Filed DEC 13 1926 19 G. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1926, to Dec 11, 1926,

that I last saw him alive on Dec 11, 1926,

and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth
(7½ months)

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Dec 13 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16727

CERTIFICATE OF DEATH.

103

E 16727

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 W. Hamilton Ave. Hamilton WARD) 9712

2-FULL NAME Henry Koch

(a) RESIDENCE NO. 113 Hamilton Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia W. Koch

DATE OF BIRTH (month, day, and year) Oct. 5, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cutler & Grinder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John Koch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Alvina Wietcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Amelia W. Koch
(Address) 113 W. Hamilton Ave.

Date DEC 13 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1926, to Dec 11, 1926, that I last saw him alive on Dec 11, 1926 and that death occurred, on the date stated above, at 4.40 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Green, M. D.

12/13 1926 (Address) Hamilton Baltimore Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Immanuel Cemetery	Dec 14 1926
20 UNDERTAKER John F. Denny	ADDRESS 715 Light

—1-12-23—M&T—500 Blks.

7331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16728

CERTIFICATE OF DEATH.

100-001

E 16728

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE; (No. ..... ST. North WARD)

2-FULL NAME Eileen Obrien

(a) RESIDENCE NO. 2017 Booth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Single

married, widowed, or divorced HUSBAND of or) WIFE of

ATE OF BIRTH (month, day, and year) 9-26-26

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	16.	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER John O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Maggie Fitzgerald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Records (Address)

Filed JAN 3 1926 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1926 to Dec. 12, 1926, that I last saw her alive on Dec 12, 1926, and that death occurred, on the date stated above, at 6.10 p m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia, following Otitis media

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) — yrs. 2½ mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) T. Cowdell, M.D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	12-13-1926
UNDERTAKER D. J. Cunning & Co	ADDRESS Belmont Ave

ec.—1-19-21—M&T—1500 Blks.

16729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100 001

E 16729

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 916 Pine St., 17-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Snowden

(a) RESIDENCE NO. 916 Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1862

AGE: Years 64 Months Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Joseph McGill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs. Bailey

(Address): 916 Pine St.

Filed 1926 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1926, to Dec 10, 1926.

that I last saw her alive on Dec 9, 1926

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Terminal

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

Valvular (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Lee Ellis, M. D.

(Address) 527 North Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 12/13 1926

20 UNDERTAKER: Samuel F. Brusley

ADDRESS: 1138 Eddie

...—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16730

REGISTERED No. 16730

1-PLACE OF DEATH

CITY OF BALTIMORE: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

No. 25-26 Druid Hill St. (WARD) 13-5

2-FULL NAME Baby Wilson

(a) RESIDENCE. No. 25-26 Druid Hill ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 10, 1926

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 Day	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Howard Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Smelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Nathaniel Wilson 2526 Druid Hill Ave.

Filed . 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 . 1926 . to Dec 11 . 1926.

that I last saw h alive on 11 11 . 1926.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Injury at birth

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) . M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Dec, 13 1926

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1234 Eutaw St.

—1-12-23—M&T—500 Bks.

W 430
16731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16734

CERTIFICATE OF DEATH.

x70

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Hotart Brown

(a) RESIDENCE No. Germ- N- Car- ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Cmkd

married, widowed, or divorced HUSBAND of or) WIFE of

ATE OF BIRTH (month, day, and year) - 1921

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	5 yrs -			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) N- Car -

10 NAME OF FATHER Jesse Brown

11 BIRTHPLACE OF FATHER (city or town) N- Car -
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Pegus

13 BIRTHPLACE OF MOTHER (city or town) N Car -
(State or country)

Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

Fi 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-13 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug-4, 1926, to Dec-13, 1926, that I last saw him alive on Dec-13, 1926, and that death occurred, on the date stated above, at 5-50 a. m.

The CAUSE OF DEATH* was as follows:

Brain abscess

(duration) yrs. 10 mos 1.5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/11/26

Was there an autopsy? Yes

What test confirmed diagnosis? operation & autopsy

(Signed) George G Finney, M. D.

Dec 14, 1926 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
ashville N C	12/13/26
20 UNDERTAKER	ADDRESS
Joseph ahrens	221 Bway

ec.—1-10-21—M&T—1500 Bks.

16732

HEALTH DEPARTMENT—CITY OF BALTIMORE

16732

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 202 N. Stricker ST. 19-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Branch

(a) RESIDENCE NO. 202 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Baby

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 12-11-26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 10 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Baby

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Mary land

10 NAME OF FATHER Fulton Durand Branch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Grace Jelinda Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant
(Address)

C. HAMPSON JONES, M. D.
Registrar

1926 0862

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11 19 26

17

I HEREBY CERTIFY, That I attended deceased from 12-11, 1926, to 12-11, 1926, that I last saw h[illegible] alive on 12-11, 1926, and that death occurred, on the date stated above, at 2:45 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Cause unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. T. Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health — ADDRESS

JOHNS HOPKINS HOSPITAL

DEC 16 19

oc—12-23-21—E.B.R.S.—400 Bks.

E 16733 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16733

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital 167-302

ity of BALTIMORE: (No. Lombard & Green St., 17-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Williams

(a) Residence No. 636 W. Mulberry St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

EX. Male | 4-COLOR OR RACE, colored | 5-Single, Married, Widowed, or Divorced (Write the word.) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day and year) 12-11-26

GE. If LESS than 1 day

.....yrs.....mos.....ds. ....hrs. or. 15 min.?

CCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

IRTHPLACE (city or town) Maryland
State or Country),

10-NAME OF FATHER, John Armstrong

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Marie Williams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country),

(Informant).....

(Address).....

3 1926 C. HAMPSON JONES, M. D. Registrar.

0866

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-11-26

17- I HEREBY CERTIFY, That I attended deceased from 12-11 1926 to 12-11 1926

that I last saw h. alive on 12-11 1926

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Prolonged Labor
Incoordinate
Delivery

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Congenital
atelectasis (Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Ernest Dodge M. D

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL, ..., 19...
20-UNDERTAKER, Commissioner Health	ADDRESS DEC 13 1926

ec.—12-9-25—A Co.—200 Bks.

E 16734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 16734

REGISTERED NO._____

1-PLACE OF DEATH

ity of BALTIMORE: (No. Baltimore City Hospitals St., 1441 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Watson

(a) RESIDENCE NO. 1623 McCulloh st. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1899

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

BIRTHPLACE (city or town)_____

(State or country) Virginia

10 NAME OF FATHER James Watson

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Lucy Coffey

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Unknown

14 Informant Hospital Records

(Address)

DEC 13 1926 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec. 11, 1926

17 I HEREBY CERTIFY, That I attended deceased from March 23, 19 26, to Dec. 11, 19 26, that I last saw him alive on Dec. 11, 19 26, and that death occurred, on the date stated above, at 6.20 a.m.

The CAUSE OF DEATH* was as follows:

Malignancy of Cervix
with General Peritonitis
(Type of malignancy undetermined)
(duration) 2 yrs. mos. ds.

CONTRIBUTORY Myocardial Insufficiency
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gatturp, M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt Auburn Cem — Dec 13 1926

20 UNDERTAKER — ADDRESS

Edward Eastwood — Balto

ec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16735 — 132 E 16735

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ity of BALTIMORE: (No. 1822 Etting St. 14-1 Ward)

2-FULL NAME Charles Owens

(a) RESIDENCE NO. 1822 Etting St.____ Ward____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Matilda Owens

DATE OF BIRTH (month, day, and year) Apr 1 1864

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	8	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hostler

(b) General nature of Indnstry, business, or establishment in which employed (or employer)

(c) Name of employer A.A. Co

BIRTHPLACE (city or town) Md

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Priscilla Mackall

13 BIRTHPLACE OF MOTHER (city or town) A.A. Co

(State or country) Md

14 Informant Matilda Owens

(Address) 1822 Etting St

15 [illegible] 11 C. HAMPSON JONES, M. D. Registrar

3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1926, to Dec 11, 1926, that I last saw him alive on Dec 11, 1926, and that death occurred, on the date stated above, at 12:05 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Bladder

(duration) 1 yrs. ? mos. ___ ds.

CONTRIBUTORY (Secondary) Hemorrhage of Bladder

(duration) ___ yrs. ___ mos. 21 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Fiery, M. D.

12/12, 1926 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Canses, state (1) Means and Natnre of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem Date of Burial Dec 14 1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Eutaw

ec.—1-10-21—M&T—1500 Bks.

16736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16736

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Colonial Hosp ST., 16-6 WARD)

2-FULL NAME James Montague

(a) RESIDENCE No. 1105 Carrollton ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 9-1916

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10 years	5	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: James N Montague

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Rebecca Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: James N Montague

(Address): 1105 Carrollton ave

1928 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 11 1926

17

I HEREBY CERTIFY, That I attended deceased from 12-10, 1926, to 12-11, 1926,

that I last saw him alive on 12-11, 1926,

and that death occurred, on the date stated above, at 8 20 p m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/11/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) J Hulla MD M. D.

12/11, 1926 (Address) 1172 N Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 13 1926

20 UNDERTAKER: Hamel Easton

ADDRESS 1916 Eaton

1-12 23—M&T—500 Blks.

16737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16737

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herman Nicholson

(a) RESIDENCE NO. Hanson, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: B

5 Single, Married, Widowed, or Divorced, (write the word): Single

(If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Md

9 NAME OF FATHER Hampton Nicholson

10 BIRTHPLACE OF FATHER (city or town) (State or country): Md

11 MAIDEN NAME OF MOTHER Ella Johnson

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Ella Nicholson

(Address) Hanson Md

Filed 3 1926, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/11, 1926, to 12/12, 1926, that I last saw him alive on 12/12, 1926, and that death occurred, on the date stated above, at 1205 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(duration) about 6 mos. yrs. mos ds.

CONTRIBUTORY (Secondary) Metastatic Sarcoma

(duration) about 10 months yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm C. Poland, M. D.

12/12 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 13/1926

20 UNDERTAKER: Harold Emerson

ADDRESS: Pa ve

rc.—1-10-21—M&T—1500 Bks.

16738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16738

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3311 Walbrook Ave ST. 15-5 (WARD)

REGISTERED NO. 1129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Anna Peddicord.

(a) RESIDENCE NO. 3311 Walbrook Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

4 COLOR OR RACE W.

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac H Peddicord

DATE OF BIRTH (month, day, and year) Sept 17-1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Darlington Harford Co Md

10 NAME OF FATHER Emanuel Chipman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oxford Co Md

12 MAIDEN NAME OF MOTHER Richarda Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Wm T Keyes

(Address) 3311 Walbrook Ave

1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 - 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 . 1926 . to Dec 12 . 1926.

that I last saw her alive on Dec 11 . 1926,

and that death occurred, on the date stated above, at 10.20 A m.

The CAUSE OF DEATH* was as follows: Chronic

Pulmonary Tuberculosis

Edema of Extremities

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) C. H. McGlannan M. D.

19 (Address) 1202 Eutaw pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Dec 15th 1926

20 UNDERTAKER Putnam & Sons

ADDRESS 1723 W Lafayette Ave

Rec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16739

CERTIFICATE OF DEATH.

74-008 E 16739

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1310 S. Second St. St. 76-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Jos. Mullaney.

(a) RESIDENCE NO. 1310 S. Second St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Mullaney.

DATE OF BIRTH (month, day, and year) May 5-1856

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	7	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Dumont Textiles

(c) Name of employer Co.

BIRTHPLACE (city or town) Balto.

(State or country) Md.

10 NAME OF FATHER Patrick Mullaney

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland.

14 Informant Elizabeth Mullaney.

(Address) 1310 S. Second St.

Filed DEC 3 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 29 1926, to Dec. 11, 1926, that I last saw him alive on Dec. 10, 1926, and that death occurred, on the date stated above, at 7.40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Henry B. Fahey, M. D.

12/3, 1926 (Address) 2504 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Sacred Heart Cem. Dec. 14 1926

20 UNDERTAKER — ADDRESS

Tilly & Zulu 103 S. Wolfe St.

1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16740

16740

CERTIFICATE OF DEATH.

27-4 90

REGISTERED NO.....

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (NO. Smith Ave. near Popl... ST., ... WARD) Mt. Wash.

2-FULL NAME Mary M. Owens

(a) RESIDENCE NO. Smith Ave., Mt. Washington ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 15 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of John S. Owens

TE OF BIRTH (month, day, and year) Nov. 25, 1836

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	0	17	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) West Virginia

10 NAME OF FATHER Joseph J. Winter

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Va.

12 MAIDEN NAME OF MOTHER Elizabeth Knotts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va.

Informant Mrs. Bessie O. Harper
(Address) Mount Washington

1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from (May 12, 1917) to Dec. 12, 1926.

that I last saw her alive on Nov. 28, 1926.

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart-disease
Years known Mrs. Owens 10 years attended her at various
times for above condition.

(Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Austin T. Robinson, M. D.

12/13 1926 (Address) 836 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Marshall, Va.	12/14 1926
20 UNDERTAKER Henry W. Meeks & Son	ADDRESS 805 N Calvert

via Penn. Railroad - Escort - Mrs. Bessie O. Harper

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16741

16741

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) St Agnes Hospital ST. 25-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Brother Lawrence (Richard O'Connell)

(a) RESIDENCE NO. St Mary's Industrial School ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced, (write the word)~~: Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 2-1854

AGE: Years 72 Months 4 Days — If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant (Address): Bro. Dos Benjamin St Mary's Industrial School

1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/12, 1924, to 12-12, 1926, that I last saw him alive on 12-12 1926, and that death occurred, on the date stated above, at 3.40 p m.

The CAUSE OF DEATH* was as follows: Cardiac Insufficiency

(duration) 2 yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypertension and Cerebral Hemorrhage (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Theron Hunter M. D.

12/12 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 14 1926

20 UNDERTAKER: Charles F Evans Son — ADDRESS 118 W Madison

...c.—1-10-21—M&T—1500 Blks.

16742

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16742

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE, (No. 1216 David Hill ave ST. 17-1 WARD)

2-FULL NAME Garnett Hughes —

(a) RESIDENCE NO. 1216 David Hillaw ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Hughes —

DATE OF BIRTH (month, day, and year): 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	July	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Home Cooking

(c) Name of employer: Mrs. Hopkins

BIRTHPLACE (city or town) (State or country): West Virginia

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

Informant: Joseph Hughes Son

(Address) 3836 N Sydenham St Phila

B 1926 G. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec, 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1926, to Dec 12, 1926

that I last saw her alive on Dec 12 - , 1926

and that death occurred, on the date stated above, at 5th a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

Not Known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): General Weakness (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bain M. D.

, 19 (Address) 937 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 12/14/26

20 UNDERTAKER: James H Kinsley — ADDRESS: 578 N Bidde

pec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16743

CERTIFICATE OF DEATH

118-802

E 16743

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 9-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Rowell

(a) RESIDENCE NO. 432 N Calhoun St. Ward

(Usual place of abode)

ngth of residence in city or town where death occurred 10 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: ale

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1885

AGE: Years 41 Months Days

IF LESS than 1 day ...hrs. or ...min..

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Rocky Mount

(State or country) N. C.

10 NAME OF FATHER Jason Powell

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Allen

13 BIRTHPLACE OF MOTHER (city or town) Clinton

(State or country)

14 Informant Jeffrey Powell

(Address) 1 Pocahontas Court

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar

Per RKD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to Dec 11, 1926, that I last saw him alive on Dec 11, 1926, and that death occurred, on the date stated above, at 10½ P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

and Intestinal Hernia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Yes Date of Dec 11

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Leary M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Rocky Mount N.C.

Date of Burial 12/13 1926

20 UNDERTAKER S T Hemby

ADDRESS 675 N Bridge St

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

170 E 16744

16744

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

ity of BALTIMORE: (No. 925 Madison Ave St., 7-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christopher Dorkins

(a) RESIDENCE NO. 749 Dolphin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of Ethel Dorkins WIFE of

DATE OF BIRTH (month, day, and year) Dec 1896

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	30			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Denton

(State or country): Md

10 NAME OF FATHER: Wm Dorkins

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Ella Fountain

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Ethel Dorkins

(Address): 749 Dolphin St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gun Shot Wound Head

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

April 13, 19 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 BURIAL, CREMATION OR REMOVAL Date of Burial April 15 1926

UNDERTAKER Samuel H Huntley

ADDRESS Biddle

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16745

CERTIFICATE OF DEATH.

90 E 16745

1-PLACE OF DEATH

ity of BALTIMORE: (No. 503 W. McMechen St., 14-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Price

(a) RESIDENCE NO. 503 W. McMechen St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: Colored Negro

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of: Inez Price

DATE OF BIRTH (month, day, and year): Dec 3 - 1871

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
65	45		7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Jobber

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): N.C.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant: Inez Price

(Address) 503 W. McMechen St

Filed 3 1926

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 6 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Coroner)

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dist. Columbia Co

Date of Burial 12/14 1926

20 UNDERTAKER: Samuel A Hensley

ADDRESS 178 N Eddle

E 16746

HEALTH DEPARTMENT---CITY OF BALTIMORE

E 16746

CERTIFICATE OF DEATH

1 PLACE OF DEATH 1600 Dukeland St

REGISTERED NO. C 185

CITY OF BALTIMORE: (No. 1600 ST. 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Fairchild Jett.

(Residence in Baltimore: No. 1600 Dukeland St ST.; 41 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Female	White	Married

DATE OF BIRTH August 28 1855
(Month) (Day) (Year)

AGE 71 yrs. 4 mos. 14 ds. If LESS than 1 day, ... hrs., or ... min.?

OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037

BIRTHPLACE (State or country) Orange N. J.

10-NAME OF FATHER Samuel Fairchild

11-BIRTHPLACE OF FATHER (State or country) Orange N J

12-MAIDEN NAME OF MOTHER Febb Arnold.

13-BIRTHPLACE OF MOTHER (State or country) Orange N J.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Carrie Kear.

(Address) 1004 N Castle St.

15- 1926 C. HAMPSON JONES, M. D.
Dec 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH December 12 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 12th 1926, to Dec 12 1926, that I saw her alive on Dec 12 1926, and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows:
Bilateral Bronchial Pneumonia
Senility
Cardiac Dilatation.

(Duration) ... yrs ... mos ... ds.

Contributory (SECONDARY) Broken Right arm. (Colles)

(Duration) ... yrs ... mos ... ds.

(Signed) Wm P Byerly M. D.

Dec 12th 1926 (Address) 30 W 39 St Baltimore

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18- LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL Oakland — DATE OF BURIAL 12-14-26 191...

20-UNDERTAKER Edward A Stark — ADDRESS 73 & Poplar Grove

—1-12-23—M&T—500 Bks. Anna M Hershey

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16747 CERTIFICATE OF DEATH. E 16747

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs David M Hershey (Anna)

(a) RESIDENCE NO. York. Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mrs David M Hershey

6 DATE OF BIRTH (month, day, and year) Aug. 14. 1885 X8/14/26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28	41	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) York Pa (State or country)

10 NAME OF FATHER Milton Eisenhart

11 BIRTHPLACE OF FATHER (city or town) Pa. (State or country)

12 MAIDEN NAME OF MOTHER Laura Leightner

13 BIRTHPLACE OF MOTHER (city or town) Pa. (State or country)

Informant Mrs M. Hershey (Address) York Pa

Filed DEC 14 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/26/, 1926, to 12/13/, 1926, that I last saw h[illegible] alive on 12/13/, 1926, and that death occurred, on the date stated above, at 8:27 P. m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism (Toxic Adenoma)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/13/26

Was there an autopsy? No

What test confirmed diagnosis? Basal Metabolism

(Signed) F H Price, M. D.

12/13/1926 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
York. Pa	Dec. 13 1926
20 UNDERTAKER	ADDRESS
Wm J Jackson, Jr	York Pa

ec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16748

CERTIFICATE OF DEATH.

5-11 100-001

E 16748

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 2105 Clifton ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hinda Epler

(a) RESIDENCE No. 2105 Clifton ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Epler

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Joseph Epler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Louis Epler

(Address) 2109 Clifton ave

Filed 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1926, to Dec 13, 1926,

that I last saw her alive on Dec 13, 1926

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Pulmonary Edema

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Pulm. Edema; Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? N/K

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Norton Pelletier, M. D.

, 19 26 (Address) 2304 W North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 12/14 1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto st

1-12-23—MAJ—500 Blks.

Wylie Jsome.

8263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16749.

E 16749

CERTIFICATE OF DEATH.

100-001

1-PLACE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Wylie Isom -

(a) RESIDENCE No. 272 N. Exeter ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

married, widowed, or divorced
HUSBAND of
or) WIFE of

ATE OF BIRTH (month, day, and year) 11-22-26.

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2½ weeks.		

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Balto
(State or country) Maryland -

10 NAME OF FATHER Solomon Isom

11 BIRTHPLACE OF FATHER (city or town) Ga -
(State or country)

12 MAIDEN NAME OF MOTHER Ada Bonne

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

Filed DEC 14 1926 THOMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to Dec 10, 1926, that I last saw h alive on Dec 10, 1926 and that death occurred, on the date stated above, at 7¹⁰ a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Thomas W. Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: STILL BIRTH No. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL ... 19

20 UNDERTAKER

ADDRESS JOHNS HOPKINS HOSPITAL

ec.—1-10-21—M&T—1500 Bks.

16750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16750

REGISTERED NO.

1-PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... ST. ..... WARD)

2-FULL NAME Thomas J Frazier

(a) RESIDENCE NO. 1500 Clifton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Thomas J. Frazer

DATE OF BIRTH (month, day, and year) March 26, 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	8	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto.
(State or country) Maryland

10 NAME OF FATHER Thomas Frazer

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Bricker

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

Informant Thos. S. Frazer
(Address) 1500 Clifton Ave.

Filed DEC 14 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 9, 1926, to Dec 13, 1926.

that I last saw h/M alive on Dec 13, 1926,

and that death occurred, on the date stated above, at 1.22 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Hayne Phillips M. D.

, 19 (Address) Med Fac Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Pantstown

DATE OF BURIAL 12/16 1926

UNDERTAKER Wm Corl

ADDRESS 502 E North Ave

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16751

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1643 Carswell Street ST., 9-3 WARD)

2-FULL NAME Edwin R Wiething Jr

(a) RESIDENCE NO. 1643 Carswell Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11-60.1

E 16751
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	(Single)

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 4 - 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Edwin R. Wiething

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary E Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

Informant Edwin R. Wiething
(Address) 1643 Carswell Street Md

Filed DEC 4 1926 H. HAMPSON JONES, M.D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) dec 13 1926

17 I HEREBY CERTIFY, That I attended deceased from dec. 5 , 1926 , to dec 13 , 1926 ,
that I last saw him alive on dec 13 , 1926 ,
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Edw. L. Zimmerman M.D.

12/13 1926 (Address) 2858 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL 12/15 1926

20 UNDERTAKER Wm Cook — ADDRESS 5012 North Av

Palmer

r.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16752

CERTIFICATE OF DEATH.

167-001

REGISTERED NO. 16752

1-PLACE OF DEATH

ty of BALTIMORE: (No. 635 Woodward St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jon Peters

(a) RESIDENCE NO. 635 Woodward St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 15, 79

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Foundry

(c) Name of employer Detrick & Howard

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER Jno Peters

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Susan Barker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Lucie Mueller

(Address) 613 Mt. St Treyer

Filed DEC 14 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidentally Run Over

Instantly (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(durntion) yrs. mos. ds.

(Signed) Clarence Weaver M. D.
(Coroner)

, 19 26 (Address) 625 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

Date of Burial 12/15 1926

UNDERTAKER Wm Cook

ADDRESS 502 E North Ave

1513 Kaplan 67 [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16753
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74 E 16753
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1530 North Broadway St., 3 Ward)

2-FULL NAME Alberta Hakesley

(a) RESIDENCE NO. 1530 North Broadway St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward M Hakesley

DATE OF BIRTH (month, day, and year) July 7- 1845

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	81	5	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore Md

10 NAME OF FATHER George Mc Comas

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Grayton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Wm M. Hakesley

(Address) 1530 North Broadway

15 Filed DEC 14 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 1926, to Dec 12, 1926, that I last saw her alive on Dec 12, 1926, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R E Davis, M. D.

, 19 (Address) 1509 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Sunset Cemetery 12/15 1926

20 UNDERTAKER William Cook ADDRESS 502 E North

ec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16754

CERTIFICATE OF DEATH.

111-001

E 16754

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ S 24-1 Ward)

2-FULL NAME George D. Sewell

(a) RESIDENCE NO. 1124 Battery Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Sewell

DATE OF BIRTH (month, day, and year) 1852

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant City Hospitals Records

(Address)

Filed 1 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1926, to Dec 12, 1926, that I last saw him alive on Dec 12, 1926, and that death occurred, on the date stated above, at 10:20 A.m.

The CAUSE OF DEATH* was as follows:

Perforating gastric ulcer

c pneumonitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? General & Lab

(Signed) C. Holmes Bunge, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial 12/14 1926

20 UNDERTAKER Wm Cook ADDRESS 504 E Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16755

CERTIFICATE OF DEATH.

179 E 16755

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. Mercy Hospital St. 12-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Medairy

(Residence in Baltimore: No. Hopkins Pl & Eutaw St. 31st St.; yrs., 62 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE, White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED,~~ OR ~~DIVORCED,~~ (*Write* the word.) Married

6-DATE OF BIRTH, June 2, 1864
(Month) (Day) (Year)

7-AGE, 62 yrs. 5 mos. ? ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS:

10-NAME OF FATHER, Patrick O. Neal

11-BIRTHPLACE OF FATHER (State or Country), Ireland

12-MAIDEN NAME OF MOTHER Annie Reasden

13-BIRTHPLACE OF MOTHER (State or Country), Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. John S. Medairy

(Address) Hopkins Pl & Eutaw St. 31 St

15- Filed DEC 4 1926 By C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 12th, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of body & limbs
Accidental
Flame
Duration 1 hr

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)
DEC 13, 1926 (Address) 16 29 Eutaw

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Druid Ridge Cem

DATE OF BURIAL, Dec. 14, 1926

20-UNDERTAKER Henry Jenkins Sons

ADDRESS Orchard & Eutaw Sts

16756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. B 16756

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE (No. 408 N. Montford Ave Ward 6-3)

2-FULL NAME Mary Elizabeth Schaefer

(a) RESIDENCE NO. 408 N. Montford Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? 5yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single, Married,~~ Widowed, or ~~Divorced,~~ (write the word): Widowed

6 If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: the late Michael Schaefer

7 DATE OF BIRTH (month, day, and year): March 25-1856

8 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
70	8	16	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Baltimore

(State or country): Md.

10 NAME OF FATHER: Caspar Schneider

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Auer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: E. Elizabeth C. Hanna

(Address): 408 N. Montford Ave

C. HAMPSON JONES, M. D.

4 1926 By: Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 11 1926

17 I HEREBY CERTIFY, That I attended deceased from August 15, 1926, to December 11, 1926, that I last saw h.r alive on December 10, 1926, and that death occurred, on the date stated above, at 11 15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

(duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Cerebral Apoplexy, Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. G. Leyer, M. D.

, 19 (Address) 156 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery Date of Burial Dec 14, 26

20 UNDERTAKER: Geo C. Miller & Son ADDRESS 2338 Jeffers St

c.—12 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16757

90

E 16757

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ty of BALTIMORE: (No. Aged Mens Home St. 19-1 Ward)

2-FULL NAME Wm F. Devere

(a) RESIDENCE NO. 1400 W. Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 18? 1839.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	88 87	3	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer): 08

(c) Name of employer: Aged

BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Mrs Forstall

(Address) Md

15 Filed..... 19 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/26 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Dec 13, 1926, that I last saw h..... alive on Dec 12, 1926, and that death occurred, on the date stated above, at 9 15 A. in.

The CAUSE OF DEATH* was as follows: Atheromatous Degen Heart & Arteries

(Duration) 2 yrs. mos. ds.

CONTRIBITORY (Secondary) Pulm Oedema 2

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date No

Was there an autopsy?

What test confirmed diagnosis? J Howard

(Signed) , M. D.

Dec 14 19 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation — Date of Burial: Dec 16 1926

20 UNDERTAKER: D. S. Taylor & Sons. — ADDRESS: Cumpolis Md.

rc.—12-9-25—A Co.—200 Bks.

E 16758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16758

REGISTERED NO.

1-PLACE OF DEATH

ty of BALTIMORE: (No. Foerster Ave (Lakeland) St., East city Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J Arndorff

(a) RESIDENCE NO. Foerster Ave. (Lakeland) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 4 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		4	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER Robert Arndorff

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Elizabeth Cecil

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Wash D.C.

14 Informant Robert Arndorff

(Address) Foerster Ave Lakeland

Filed 1926 DEC 14 C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1926, to 12/13/26, 19....., that I last saw h[illegible] alive on 12/13/26, 19....., and that death occurred, on the date stated above, at 11:50 A m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) .....yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Improper feeding

(duration) .....yrs. .....mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raphael Dann, M. D.

, 19 (Address) 1117 Mass Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial 12-15 19 26

20 UNDERTAKER E & R G Hartz ADDRESS 115 E West St

—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16759 — E 16759

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 538 Hanley Lane ST. 30-6 WARD)

2-FULL NAME. Illegitimate child - not named (Infant of Elsie O'Brien)

(a) RESIDENCE. No. 538 Hanley Lane ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 12, 1926

AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Anthony Navarro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elsie O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore. Md

14 Informant mother (Elsie O'Brien)
(Address) 538 Hanley Lane

15 Filed 4 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1926, to Dec 13, 1926, that I last saw him alive on Dec 12, 1926, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Non viability
(Prematurity)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & findings

(Signed) W. H. Triplett M. D.

12/14, 1926 (Address) 1324 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	12-14 1926
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Calhoun Hollins sts

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16760

CERTIFICATE OF DEATH.

E 16760

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE, (No. 5521 Temple Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Sakers

(a) RESIDENCE NO. 5521 Temple Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE Wht. 5 Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Alexandria Sakers

DATE OF BIRTH (month, day, and year) Feb. 1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	10		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Howard Co. Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Mrs. Rosa Cole Hyattsville Md.

Filed DEC 14 1926 19 C. HAMPSON JONES, M. D. Registrar

Rec. R.S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13/1926

17 I HEREBY CERTIFY, That I attended deceased from 12/9/ 19 26, to 12/13/ 19 26,

that I last saw her alive on 12/13/ 19 26,

and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Senility - Hypertension - Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Lucien J. Holly, M. D.

19 (Address) 4210 Rhode Island Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hyattsville Md DATE OF BURIAL Dec. 14 1926

UNDERTAKER Leach Bros ADDRESS Hyattsville Md

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16761

CERTIFICATE OF DEATH.

90 E 16761

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1935 Ridgewood Ave. ST. 15-11 WARD)

2-FULL NAME Andrew A.Calvert.

(a) RESIDENCE NO. 1935 Ridgewood Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Feb2 I873

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	I0	I0 II	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter in restaurant

(b) General nature of industry, business, or establishment in which employed (or employer): Serving table

(c) Name of employer: Unknown

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John Calvert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant (Address): Mrs. Harry Shockney 1935 Ridgewood Ave.

Filed 19, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec I2 I926

17 I HEREBY CERTIFY, That I attended deceased from Dec I2 i926 at I0 A.M. to I2/I2/26. 8 P.M. that I last saw him alive on I2/I2/26. 19 , and that death occurred, on the date stated above, at 8P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency and Pulmonary Oedema &Heart Block

(duration) X yrs. X mos 3 ds.

CONTRIBUTORY (Secondary) Apoplexy and Acute Myocarditis (duration) Indefinate yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No. Date of

Was there an autopsy? No. clini

What test confirmed diagnosis? History and cal Symp

(Signed) Charles E. Clark, M. D.

I2/I0/26 (Address) 3214 Piedmont Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: 12/14. 1926.

17 UNDERTAKER: E Lowson Kennedy ADDRESS: 2391 Lafayette Ave

4 1926

c.—1-10-21—M&T—1500 Bks.

16762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-601

E 16762

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 Mulberry ST. 6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Parker

(a) RESIDENCE NO. 1741 Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colord

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): 1886

AGE: 40 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Earnest Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Earnest Bennett

(Address): 1741 mulberry st

Filed . 19 C. HAMPSON JONES, M. D. Registrar

1 4 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): dec 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from nov 17 . 19 26 . to dec 12 . 19 26 .

that I last saw h[er] alive on dec 11 . 19 26 .

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Influenza Pneumonia

Acute Colitis

Natural Regurgitation

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary): Cardiac dilatation Acute

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bennett Harris M. D.

. 19 (Address) 325 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery

DATE OF BURIAL: Dec 15 1926

20 UNDERTAKER: Edward Bryan

ADDRESS 1431 Orleans st

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16763

CERTIFICATE OF DEATH.

129 ✓

REGISTERED E 16763

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 834 Harlem Ave ST. 17-1 WARD)

2-FULL NAME Sarah E. Queen

(a) RESIDENCE NO. 834 Harlem av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of John F. Queen

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland Queen Anne's Co

10 NAME OF FATHER Lewis Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne's Co, Md

12 MAIDEN NAME OF MOTHER Annie M. Stutchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John F. Queen (Address) 834 Harlem Ave

15 Filed C. HAMPSON JONES, M. D. Registrar

OCT 4 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Dec 12, 1926, that I last saw her alive on Dec 11, 1926, and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

(duration) 2? yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) W R Hughes, M. D.

12/14, 1926 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Dec 15 1926

20 UNDERTAKER Katie R. Williams — ADDRESS 323 N. Schroeder St

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16764 E 16764

CERTIFICATE OF DEATH.

13-5 139

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 13-5 WARD)

2-FULL NAME Mrs. Mary Hawkins

(a) RESIDENCE NO. 2522 Madison Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs or .... min.
	50	—	—	—

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs O'Toole (daughter)
(Address) 2522 Madison ave

15 Filed DEC 14 1926 19 For ..... Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-11, 1926, to 12/12, 1926,
that I last saw h e alive on 12/12, 1926,
and that death occurred, on the date stated above, at 6 40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary embolism

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fibroid tumor uterus & secondary anemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11-24-26

Was there an autopsy?

What test confirmed diagnosis? Operation & Clinical signs

(Signed) Theron Hunter M. D.

12/12 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park bur

DATE OF BURIAL 12/15 1926

20 UNDERTAKER Mary A. Gawthrop

ADDRESS 2839 Fort Raynes

pr.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

179 E 16765

E 16765

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

ty of BALTIMORE: (No. St. Joseph Hospital St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rita Kahler

(a) RESIDENCE NO. 400 E. Fort Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

DATE OF BIRTH (month, day, and year) Feb 20/23

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	9	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Balto., Md.

10 NAME OF FATHER August Kahler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Elizabeth L. Eder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant St. Joseph Hospital

(Address)

Filed DEC 14 1926 ~~HARRISON JONES, M. D.~~

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Tpxemia-Shock- Accidental 1st & 2nd degree burns over entire body. Clothes caught fire from gas log heater in home Dec 12/26 Duration—yrs. Dec 12/26 mos. ds.

CONTRIBUTORY (Secondary) Duration—yrs. mos. ds.

(Signed) J. H. Kahler, M. D. (Coroner)

12/12/1926 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial 12/15 1926

20 UNDERTAKER L. Frew McCully — ADDRESS 1902 E. Fort

1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16766

CERTIFICATE OF DEATH.

13 E 16766

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4122 Walnut Ave ST., 28-4 WARD)

2. FULL NAME Samuel May

(a) RESIDENCE NO. 4122 Walnut Ave ST., WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie May

7 DATE OF BIRTH (month, day, and year): Dec. 27-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	67	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Interior Decorator

(b) General nature of Industry, business, or establishment in which employed (or employer): 053

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John May

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary Kirchin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mrs. Maggie May

(Address): 4122 Walnut Ave

Filed 1926 Per

C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1926, to Dec 12, 1926, that I last saw him alive on Dec 11, 1926 and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH* was as follows:

Pyelo-nephritis acute.
Cellulitis of left hand.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Generalized arteriosclerosis.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Wm Mitchell, M. D.

Dec 13 1926 (Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park cem.

DATE OF BURIAL: Dec. 15 1926

20 UNDERTAKER: Zirkle + Zirkle

ADDRESS: 1739 E. Eager St.

c.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16767

CERTIFICATE OF DEATH.

E 16767

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: NO. 19 Furley ave- 76-1 ST. WARD)

2-FULL NAME John Wiszinskas

(a) RESIDENCE. NO. 19 Furley ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Marrd

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ros A. Tamelis

DATE OF BIRTH (month, day, and year) No - 1871

AGE 55 Years - Months - Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Lithvania
(State or country)

10 NAME OF FATHER Selvetras Wiszinskas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithvania

12 MAIDEN NAME OF MOTHER M. Milinauskas

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithvania

Informant Mrs Delvicks
(Address) 32 Railroad ave

Filed DEC 14 1926 C. HAMPSON JONES, M. D. Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12- 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1926, to Dec 12-, 1926

that I last saw h alive on Dec 11, 1926.

and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Coma Jaborandi
Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bad ns'

Did an operation precede death? N Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. H. Jones, M. D.

, 19 (Address) 117 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Dec 16- 1926

20 UNDERTAKER ADDRESS

John Grebliunas 423 S. Para

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16768

CERTIFICATE OF DEATH.

E 16768

1-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2128 Vine St. 10-3 WARD)

2-FULL NAME Owen Earl Atkinson

(a) RESIDENCE NO. 2128 Vine ST., ... WARD .....
(Usual place of abode)
ngth of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

f married, widowed, or divoreed
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and ye Nov 17. 1924

GE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
2	2	0	28	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Charles Atkinson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Beulah Ra...

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

Informant Charles Atkinson
(Address) 2128 Vine St

Dec 14 1926 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1926, to Dec 13, 1926.

that I last saw h in alive on Dec 13, 1926,

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Walter E. Zuckerman, M. D.

12/13 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 15 1926
UNDERTAKER Jones & Lyter	ADDRESS 1600 W. North Ave

ec.—12-9-25—A Co.—200 Blks.

E 16769

HEALTH DEPARTMENT—CITY OF BALTIMORE

118-001

E 16769

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary 1712 Eutaw Ave. REGISTERED NO._____

City of BALTIMORE: (No. Broadway & Jamison St.. ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Harris McDowell

(a) RESIDENCE NO. 402 E. Chase St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year): Jan 14, 1838

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	10	29.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Broker - 45

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer —

BIRTHPLACE (city or town)

(State or country) Baltimore Md

10 NAME OF FATHER James J. McDowell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Martha Cook

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Rev Whitefoord McDowell

(Address) Room 400 Arch St Phila Pa.

Filed DEC 14 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 December 13

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1926, to Dec. 13, 1926; that I last saw him alive on Dec. 13, 1926, and that death occurred, on the date stated above, at 7:07 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

17 minutes. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis — questionable —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home & Office

Did an operation precede death? yes Date of Dec 6, 1926

Was there an autopsy? yes

What test confirmed diagnosis? autopsy —

(Signed) Merriwell I. Shelton, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery Date of Burial: Dec 15 1926

20 UNDERTAKER: George J Smith ADDRESS 1532 Hollins St

c.—1-10-21—M&T—1500 Bks.

16770 • HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-002 ✓ E 16770

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (NO. 1512 Harlem av. ST. 16-2 WARD)

2-FULL NAME Florence May White

(a) RESIDENCE NO. 1512 Harlem av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 65 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	widow

If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Myron L. White

ATE OF BIRTH (month, day, and year) Oct 15, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	28.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Balto, Md

10 NAME OF FATHER Solomon A. Rollins

11 BIRTHPLACE OF FATHER (city or town) Balto, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Ann Frazier

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Mrs. J. E. Ellender
(Address) 1512 Harlem Av.

Filed DEC 14 1926 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1926, to Dec. 13, 1926,

that I last saw h was alive on Dec 12, 1926,

and that death occurred, on the date stated above, at 7.10 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope about 12 hours
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) G. Lateste Ewalt M. D.

12/12 1926 (Address) 2945 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Dec 15 1926

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

c.—1-10 21—M&T—1500 Bks.

E 16771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1535 16771

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2207 Essex ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME SYLVIA STASKOWIAK,

(a) RESIDENCE NO. 2207 Essex ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Nov. 1-1926.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child, pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, (State or country) Md.

10 NAME OF FATHER Joseph Staskowiak,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Elizabeth Nowacki,

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or country) Md.

Informant Joseph Staskowiak,
(Address) 2207 Essex Street

DEC 14 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1926, to Dec. 13th, 1926,

that I last saw her alive on " - , 19 26

and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Multiple abscess (left breast and back

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Staphylococcus Infection

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob L. Levinson, M. D.

12-14 1926 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ST. STANISLAUS CEMETERY

DATE OF BURIAL: Dec 15 1926

UNDERTAKER: M. J. Sadowski.

ADDRESS: 705 S. Ann St

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16772

CERTIFICATE OF DEATH.

31

E 16772

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1805 Gough ST. 2-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JOHN J. BOROWSKI,

(a) RESIDENCE NO. 1805 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Tinie Borowski,

ATE OF BIRTH (month, day, and year) Dec. 14-1880.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	46	II	30	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 047

(b) General nature of industry, business, or establishment in which employed (or employer) Moulder,

(c) Name of employer

IRTHPLACE (city or town) (State or country) Poland,

10 NAME OF FATHER Matthew Borowski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Mary Sobus,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland, Poland

Informant Mrs. Tinie Borowski, (Wife)

(Address) 1805 Gough Street

Filed 14 1926 .19 C. HAMPSON JONES, M. D. Registrar

By R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1926.

17 I HEREBY CERTIFY, That I attended deceased from ~~August~~ 16, 1924, to Dec. 12, 1926, that I last saw him alive on Dec. 12, 1926, and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray - Fulmography

(Signed) John K. Szczerbicki M. D.

. 19 (Address) 735 S. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus, Cem..	DEC. 16, 1926
UNDERTAKER M. J. Sadowski..	ADDRESS 905 S. Ann St

c. 1-10-21 M&T 1500 Bks.

16773

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16773

CERTIFICATE OF DEATH.

24-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 E Lafayette ave ST., 8-24 WARD)

2-FULL NAME Francis James Morrison

(a) RESIDENCE NO. 1737 E Lafayette ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Morrison

6 DATE OF BIRTH (month, day, and year) July 5-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	66	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Hughes Morrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Mary E. Vincent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Lottie Morrison

(Address) 1737 E Lafayette ave

Filed 1926 Dec

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1926, to Dec 13, 1926, that I last saw h[illegible] alive on Dec 12, 1926, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia

(duration) 1st 4 yrs. 2nd mos 3rd 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 1st 4 yrs. mos. 5 ds. 2nd mos 3rd 5

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. G. Carman, M. D.

12 13 1926 (Address) 1707 N Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	12 15 1926
20 UNDERTAKER Henry Lutz	ADDRESS 1203 N Broadway

1-12-23—M&T—500 Bks.

16774 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16774

CERTIFICATE OF DEATH.

57

-PLACE OF DEATH St Josephs Hospital.

OF BALTIMORE: (No. Caroline & Oliver ST., 9-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-FULL NAME Brother Andrew. Bargmier

) RESIDENCE NO. Sacred. Heart. Church. Baltimore Md. ST., ... WARD Saratoga N.Y.

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S., if of foreign birth? 40 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Single

married, widowed, or divorced (HUSBAND of or) WIFE of

TE OF BIRTH (month, day, and year) July 6 - 1864

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62.	5 6	6	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work Brother. (Religious)

b) General nature of industry, business, or establishment in which employed (or employer) 565

c) Name of employer

RTHPLACE (city or town) (State or country) Germany.

0 NAME OF FATHER John Bargmier

1 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

2 MAIDEN NAME OF MOTHER Unknown

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Rev. Henry Otterbein C.SS.R.

(Address) 600 S. 3rd St

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1926, to Dec. 12, 1926, that I last saw him alive on Dec. 12, 1926, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

Chr. Nephritis. Myocarditis.

Prostatic Hypertrophy -

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ——

Was there an autopsy? None.

What test confirmed diagnosis? clinical.

(Signed) A. L. McAnally, M. D.

, 19 (Address) St. Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cem.	Dec. 16th 1926
20 UNDERTAKER	**ADDRESS**
Lilly & Zeiler	403 S. Wolfe St.

c.—6-9-19—H. P. Co.—1000 Bks.

E 16775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16775

CERTIFICATE OF DEATH.

159-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S. Addison ST. 12 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby James

(a) RESIDENCE. No. 104 S. Addison ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 11. 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1¼	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Louis James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant
(Address)

15 FILED 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1926, to Dec 13, 1926

that I last saw her alive on Dec 11, 1926

and that death occurred, on the date stated above, at 1:50A m.

The CAUSE OF DEATH* was as follows:

Congenital malformation of Heart — patent foramen ovale.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) W. H. Triplett, M. D.

19 (Address) 132 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
JOHNS HOPKINS HOSPITAL	
20 UNDERTAKER	ADDRESS

Commissioner Health,

DEC 14 1926

Asst. Wm. H. Russell

16776 HEALTH DEPARTMENT—CITY OF BALTIMORE. E 16776

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

ty of BALTIMORE: (No. Morgue Hosp. or in body to St., Ward)

2-FULL NAME Jos. Brady

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

sidence in Baltimore: No. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	w	?

ATE OF BIRTH. ..... 1..... (Month) (Day) (Year)

GE, 60 yrs. mos. ds. | If LESS than 1 day, hrs. or min.?

CCUPATION:
a) Trade, profession, or particular kind of work
b) General nature of industry, business, or establishment in which employed (or employer)

IRTHPLACE, State or Country). Maryland

10-NAME OF FATHER;

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

DEC 1926 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 26, 192.....
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Spine
Shoulder and
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
(Coroner.)

DEC 14 1924 (Address) 1619 Eutaw

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients, or Recent Residents).
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. | DATE OF BURIAL, ..., 19....

JOHNS HOPKINS HOSPITAL

20-UNDERTAKER. | ADDRESS

Commissioner Health.

DEC 14 1926

865 THE MORGUE.

c.—12-9-25—A Co.—300 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16777.

CERTIFICATE OF DEATH.

101-004

E 16777.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ty of BALTIMORE (a) No. 1820 N. Broadway St. 8 2 Ward)

2-FULL NAME John T. Galvin

(a) RESIDENCE NO. 1820 N. Broadway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K. Galvin

DATE OF BIRTH (month, day, and year) August 6-1864

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	62	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber Business

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.

(State or country)

10 NAME OF FATHER William Galvin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Leland

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. Mary K. Galvin

(Address) 1820 N. Broadway

Filed 1926 C. HAMPSON JONES, M. D., Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 4 1926 to Dec 12 1926

that I last saw him alive on Dec 12 1926

and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Embolism Coronary Artery

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Stanton McClellan, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 12/15 1926

20 UNDERTAKER Chas. P. Truxton ADDRESS 118 W. Mt. Royal Ave

...c.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16778

CERTIFICATE OF DEATH.

3d E 16778

1-PLACE OF DEATH

City of BALTIMORE: (No. 1515 N. Collington Ave St., 6-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton B. Gallagher

(a) RESIDENCE NO. 1515 N. Collington Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma McGallagher

DATE OF BIRTH (month, day, and year): July 7-1883

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	43	5	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town):

(State or country): Baltimore

10 NAME OF FATHER: James J. Gallagher

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto

12 MAIDEN NAME OF MOTHER: Emma McConas

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto

Informant: Emma M. Gallagher

(Address) 1515 N. Collington Ave

15 Filed 1926

C. HAMPSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 12th 1926

17 I HEREBY CERTIFY, That I attended deceased from Mar 27 1926 to Dec 12 1926, that I last saw h[illegible] alive on Dec 11 1926, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Abcess of Back (Sacrum) (Intraspinal)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Cardiac Asthenia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Allen W Whyte M. D.

Jan 27 1926 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial 12/15 1926

20 UNDERTAKER: Chas F Graue — ADDRESS 118 W Mt Royal Ave

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16779

CERTIFICATE OF DEATH.

50 E 16779

1-PLACE OF DEATH West Baltimore General Hospital 15-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Raynor and Dukeland ST., WARD)

2-FULL NAME Mrs Isabella Wardropper

(a) RESIDENCE NO. 4006 Penhurst Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ength of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Sept 13 1878

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): dos

(c) Name of employer

IRTHPLACE (city or town) (State or country): England

10 NAME OF FATHER A J. Wardropper

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER Isabel Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

Informant (Address): West Baltimore Gen Hosp.

C. HAMPSON JONES, M. D.

19 Dec 19 26 Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/22/26, 19, to 12/13, 19 26,

that I last saw her alive on 12/13, 19 26,

and that death occurred, on the date stated above, at 8 55 m.

The CAUSE OF DEATH* was as follows:

Spinal cord tumor

(duration) 1 yrs. mos. wks ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11/24/26

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Microscopic

(Signed) Chevers Lyons, M. D.

12/13, 1926 (Address) West Baltimore Gen. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Dec 15 1926

20 UNDERTAKER: Wm. J. Tuckerton Sons — ADDRESS: N. & Pa.

1-12-23—M&T—500 Bks.

16780 HEALTH DEPARTMENT—CITY OF BALTIMORE. E 16780

CERTIFICATE OF DEATH.

X 118

-PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hospital ST. 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-FULL NAME Mrs Katherine Grosscup Mann

a) RESIDENCE NO. Huntington, Long Island NY ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Widowed

~~Married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
or) WIFE of Late

TE OF BIRTH (month, day, and year) June 21 1881

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	22	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work None

b) General nature of industry, usiness, or establishment in hich employed (or employer)

c) Name of employer

RTHPLACE (city or town) Ashland Ohio
State or country)

0 NAME OF FATHER Peter Grosscup

1 BIRTHPLACE OF FATHER (city or town) Ohio
(State or country)

2 MAIDEN NAME OF MOTHER Virginia Taylor

3 BIRTHPLACE OF MOTHER (city or town) Ohio
(State or country)

Informant Mrs Myers
(Address) Baltimore Md

F... 1926 ... 19 ... THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 13, 19 26, to Dec 13, 19 26,

that I last saw h w alive on Dec 13, 19 26,

and that death occurred, on the date stated above, at 10·40 A m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) ... yrs. 1½ mos ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/30/26

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Sara Arthur Mendum, M. D.

12/13. 1926 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred Loudon Park Cem

DATE OF BURIAL Dec 9-1926

20 UNDERTAKER Henry H Jenkins & Son Co

ADDRESS Oak and Mc Culloh Sts

c.—1-10-21—M&T—1500 Blks.

(Debus)

HEALTH DEPARTMENT—CITY OF BALTIMORE

16781 E 16781

CERTIFICATE OF DEATH.

84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 153 E Hanover ST. 23-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Debus

(a) RESIDENCE NO. 153 E Hanover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 28 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	—	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Louis Hammer Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Louis Debus

(Address): 153 E Hanover St

FILED DEC 4 1926

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1926, to Dec 12, 1926, that I last saw h alive on Dec 12, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. F. Edwards M. D.

12/13 1926 (Address) 1 E Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Dec 15 1926
20 UNDERTAKER	ADDRESS
E Schumacher & Son	Hanover

rc.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16782

CERTIFICATE OF DEATH.

44 E 16782

1-PLACE OF DEATH

ty of BALTIMORE: (No. 2618 W. ~~Fairmount Ave.~~ St. 20-3 Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophronia C. Creighton.

(a) RESIDENCE NO. 2618 W. Fairmount Ave. St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Creighton.

DATE OF BIRTH (month, day, and year) June, 10, 1850.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	76,	6,	3.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) At home.

(c) Name of employer

BIRTHPLACE (city or town) ....

(State or country) Va.

10 NAME OF FATHER Thomas Blackaby.

11 BIRTHPLACE OF FATHER (city or town) ....

(State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Pope.

13 BIRTHPLACE OF MOTHER (city or town) ....

(State or country) Va.

14 Informant Miss Creighton.

(Address) 2618 W. Fairmount Ave.

1926 C. HAMPSON JONES, M. D.

Per ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1- 1926, to Dec 13- 1926, that I last saw h.. alive on Dec 13- 1926, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver Gall Bladder

(duration) ....yrs. 4 mos. ....ds.

CONTRIBUTORY (Secondary) Hemorrhage (intestinal)

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted —

If not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Mass in abdomen

(Signed) Chas A Cohn M. D.

12/15 1926 (Address) 2105 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westernborn Date of Burial Dec 16 1926

20 UNDERTAKER A. Howard Evans ADDRESS 386 Fremont Ave

Spec.—1-10-21—M&T—1500 Bks.

E 16783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47

E 16783

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp WARD)

2-FULL NAME Mrs. Mary E. Long

(a) RESIDENCE NO. 313 Gwynn Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas L. Long

6 DATE OF BIRTH (month, day, and year): Dec 6 1876

7 AGE: 50 Years | Months | 8 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): (37)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Smithson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Forwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Thomas L Long

(Address) 313 Gwynn Ave

15 4 1926 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 1926 to Dec 14 1926

that I last saw her alive on Dec 14 1926

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right breast

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 10.

Was there an autopsy? No Clin Exam

What test confirmed diagnosis?

(Signed) Louis T. Leary, M. D.

12/14 1926 (Address) Franklin Sq Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waterbury Meeting House Harford Co

DATE OF BURIAL: Dec 16 1926

20 UNDERTAKER: Dean & Foster

ADDRESS: Bel Air Md

12-9-25—A Co.—200 Blks.

E 16784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16784

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 Mt Holly St. 20-1 Ward)

2-FULL NAME Margaret Collins

(a) RESIDENCE NO. 509 Mt Holly St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Thomas Collins

DATE OF BIRTH (month, day, and year) March 17-1855.

AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	71	8	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none. did

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Ballaneay

(State or country) Ireland.

10 NAME OF FATHER Michael Green

11 BIRTHPLACE OF FATHER (city or town) Ballaneay

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catharine Graney

13 BIRTHPLACE OF MOTHER (city or town) Ballaneay

(State or country) Ireland.

14 Informant Mary Olwine

(Address) 509 Mt Holly St.

15 Filed DEC 4 1926 C. HAMPSON JONES, M. D. Registrar

By RKS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13-1926.

17 I HEREBY CERTIFY, That I attended deceased from September 11- 1926 to December 13, 1926, that I last saw her alive on December 8, 1926, and that death occurred, on the date stated above, at 11:10 a.m.

The CAUSE OF DEATH* was as follows:

organic heart disease.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY none.
(Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted

If not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Signs

(Signed) Chester Riland, M. D.

12-13, 1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Peters Cem Dec 16th 1926

20 UNDERTAKER Edward Fox ADDRESS Per P. J. Cowan 908 Baltimore St.

cc.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16785

CERTIFICATE OF DEATH.

31 E 16785

1-PLACE OF DEATH

City of BALTIMORE: (No.) Baltimore City Hospitals (St.) 70-3 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Dessaner

(a) RESIDENCE NO. 2558 Hollins st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1900

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	26			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Charles Dessaner,

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Bertha ?

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D.

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 13, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1926, to Dec. 13, 1926,

that I last saw him alive on Dec. 13, 1926,

and that death occurred, on the date stated above, at 10.40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.
Tuberculous laryngitis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknow

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gatters, M. D.

12-13-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial Dec 17 1926

20 UNDERTAKER John F. Cowan & Son ADDRESS 901 Hollins st

per J. F. Cowan

or.—12-9-25—A Co.—200 Bks.

E 16786 (Llufrio)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16786

CERTIFICATE OF DEATH.

181-081

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ty of BALTIMORE: (No. 737 E Balt. St. St. 21-3 Ward)

2-FULL NAME John Llufrio

(a) RESIDENCE NO. 319 S Poppleton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1/3/76

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Lyon Cousins

BIRTHPLACE (city or town) Baltimore

(State or country)

10 NAME OF FATHER Antonio Llufrio

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Ann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Walter Llufrio

(Address) 319 S. Poppleton St

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1-25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia Contributory Endocarditis

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) Abram Levin M. D.
(Coroner)

, 19 2 (Address) 332 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the state....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cem 12-15 19 26

20 UNDERTAKER John J. Corcoran & Son ADDRESS 901 Hollins St

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16787

CERTIFICATE OF DEATH.

1926 179 E 16787

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq Hosp St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate Purvey

(a) RESIDENCE NO. 108 N. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 Color or Race: Cold | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Stephen Purvey

DATE OF BIRTH (month, day, and year): 1878

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Va

(State or country)

10 NAME OF FATHER: Pilot Lawson

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant (Address): Bertha Reve 108 N. Gilmor St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

By: apb

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entire Body burned

Clothes ignited accidentally from open fire

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. D. Norton M. D.

(Coroner)

Dec 27, 1926 (Address) Curtis Bay Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetry — Date of Burial: Dec 15 1926

20 UNDERTAKER: Wm Gus H Dennis — ADDRESS: 1303 Pennsylvania Ave

ec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16788

CERTIFICATE OF DEATH.

109-002 E 16788

1-PLACE OF DEATH

ty of BALTIMORE: (No. 2206 Division St. 14-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Wilson

(a) RESIDENCE NO. 2206 Division St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): March, 10, 1906

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	9	2.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Balto. Md

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) St mary co md.

12 MAIDEN NAME OF MOTHER Sizzie Taylor.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St mary co md.

14 Informant Sizzie Taylor

(Address) 2206 Division

15 Filed ....., 19.... C. HARRISON JONES, M. D. Registrar

By .....

A 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12. 1926.

17 I HEREBY CERTIFY, That I attended deceased from 11/25 1926, to 12/12 1926, that I last saw h.. alive on 12/12 1926, and that death occurred, on the date stated above, at 11 20 m.

The CAUSE OF DEATH* was as follows: # Acute Suppurative Tonsilitis

Ac. Resp. Infection & Anemia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Suppurative Tonsilitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj Lentz, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — Date of Burial: Dec 15 1926

20 UNDERTAKER: Wm James H. Dennis — ADDRESS: 1303 Pennsylvania Ave

cc.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16789 | 90 E 16789

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ty of BALTIMORE: (No. 619 Sterling St. 5-2 Ward)

2-FULL NAME Mary E Chesler

(a) RESIDENCE NO. 619 Sterling St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 Color or Race: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1868

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58+			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Do

(c) Name of employer

BIRTHPLACE (city or town): Dorchester

(State or country): Co Md

10 NAME OF FATHER: William Lee

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Dorchester Co Md

12 MAIDEN NAME OF MOTHER: Caroline Burris

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Thomas J Chesler

(Address): 619 Sterling St

1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 12 1926

17 I HEREBY CERTIFY, That I attended deceased from DEC 7, 1926, to DEC 12, 1926, that I last saw him alive on DEC 12, 1926, and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 6 ds.

CONTRIBITORY (Secondary) Diabetes Heart disease

Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) J. Edward Foster, M. D.

12-13 1926 (Address) 614 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cusbury Cem | Date of Burial: 12-15-1926

20 UNDERTAKER: Jas. M. Skinner | ADDRESS: 1625 E. Mad. St

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16790

CERTIFICATE OF DEATH.

E 16790

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2107 E Madison St. 14-1 WARD)

2-FULL NAME Frank J Bussinsky

(a) RESIDENCE NO. 2107 E Madison ST. WARD

(Usual place of abode)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town und State)

ength of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Bussinsky

ATE OF BIRTH (month, day, and year) Unknown

GE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	72			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Frank Bussinsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

Informant Frank Bussinsky

(Address) 2107 E Madison

Filed 5 1926, 19

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 19 26, to Dec 13, 19 26,

that I last saw her alive on Dec 13, 19 26,

and that death occurred, on the date stated above, at 3 30P m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rysavek, M. D.

19 (Address) 502 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 16 1926
20 UNDERTAKER	ADDRESS
Frank Cumberson	[illegible]

Ocil McCauts.

811

16791

HEALTH DEPARTMENT—CITY OF BALTIMORE

VE 16791

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL 5 N 9

CITY OF BALTIMORE: (No. ... ST. ... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ocil Celia McCauts.

(a) RESIDENCE NO. 200 N. Eden ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) —

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	15 3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) S. Carolina

10 NAME OF FATHER Jacob McCauts

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Jane Gilleu

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

Informant (Address) Parents — JOHNS HOPKINS HOSPITAL

Filed DEC 15 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1926, to Dec-13, 1926, that I last saw he/she alive on Dec 13, 1926, and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. 1½ mos ..... ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Howard W. Cornwall M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetry

DATE OF BURIAL Dec 15 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

pr.—12-9-25—A Co.—200 Bks.

16792 HEALTH DEPARTMENT—CITY OF BALTIMORE 90 E 16792

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1917 Henneman St. 8-4 Ward)

2-FULL NAME Bessie (Elizabeth) Hall

(a) RESIDENCE NO. 1925 Henneman Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Md.

10 NAME OF FATHER Geo. Cromwell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Wells

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Edward J. Bosley

(Address) 1917 Henneman Ave

Filed DEC 15 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Probable Acute Indigestion Cause undetermined

(duration) .....yrs. .....mos. .....ds.

(Signed) _____ M. D.

(Coroner)

12/14/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Dec 16 1926

Asbury Cemetery

20 UNDERTAKER Edward Bryon ADDRESS 1631 Orleans st

Cor.—12-9-26—A Co.—200 Bks.

E 16793 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16793

CERTIFICATE OF DEATH.

90

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 418 N. Vincent St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Braxton

(a) RESIDENCE NO. 418 N. Vincent St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Braxton

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

10 NAME OF FATHER Louis Braxton

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Julia St John

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Ed E. Braxton

(Address) 418 N. Vincent St

15 Filed DEC 15 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by me (Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH was as follows:

I Mitral Regurgitation

(duration) 1 hr once yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. Bur Norton M. D.

Dec 12-13-26 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (Fracture, Shot, Gunshot Wound, etc.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem Date of Burial Dec 15th 1926

20 UNDERTAKER A. Jones ADDRESS 111 S Eden St

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16794

CERTIFICATE OF DEATH.

21-N 161-001

E 16794

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1338 James St. WARD)

2-FULL NAME Baby Boy Gausiunas

(a) RESIDENCE NO. 1338 James ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec. 11-1926

AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
			3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Alx. Gausiunas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER G. Gudaitis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Alx. Gausiunas

(Address) 1338 James Street

15 Filed ... 1926 ... 19 ... C. HAMPSON JONES, M. D.

Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1926, to Dec. 14, 1926, that I last saw him alive on Dec. 14, 1926 and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Anthony V. Buchanan M. D.

19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec. 15. 1926

20 UNDERTAKER ADDRESS

John Greblauckas & Co. 423 S Paca St

Spec—12-23-21—E.B.R.S.—400 Blks.

16795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

173 129 E 16795

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 16 W. 25th St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lizzie Grant Thomas.

(a) Residence No. 16 W. 25th St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced.~~ (Write the word.) Widow

6-If married, widowed, or divorced WIFE of ~~HUSBAND of~~ late James B. Thomas

DATE OF BIRTH (month, day and year) Oct 24 - 1846

AGE. 79 yrs. 1 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At Home

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country), Phila Pa

10-NAME OF FATHER, George G. Thomas

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ohio

12-MAIDEN NAME OF MOTHER, Elizabeth Tree

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Phila Pa

14-Informant) G. G. Thomas

(Address) 407 Southway Guilford

15-Filed DEC 15 1926 C. HAMPSON JONES, M. D. Registrar. Per

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/14/26

17- I HEREBY CERTIFY, That I attended deceased from Nov. 11th 1926 to Dec 14 1926

that I last saw h.. alive on Dec 14 1926

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Left: Cerebral Thrombosis

Senile Arteriosclerosis.

Myocardial Insufficiency

Chr. Interstitial Nephritis 7

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Dementia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Examination

(Signed) John F. Dwyer M. D

12/14, 1926 (Address) 804 Cathedral St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Phila Pa — DATE OF BURIAL. Dec 15 1926

20-UNDERTAKER, Henry Jenkins Sons — ADDRESS Orchard & Harford Rds

or.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16796

E 16796

CERTIFICATE OF DEATH.

74-001

REGISTERED NO._____

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

ity of BALTIMORE: (No. Sinai Hospital St. 13-5 Ward)

2-FULL NAME Samuel Solomon

(a) RESIDENCE NO. 1330 W. North Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Solomon

DATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Clothing

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant 045

(c) Name of employer

BIRTHPLACE (city or town)_____

(State or country) Poland

10 NAME OF FATHER William Solomon

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Rachel unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Poland

14 Informant Rachel Solomon

(Address) 1330 W. North Ave

15 Filed 12-9 1925 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy-cerebral

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Bates, M. D.

(Coroner)

12/14/25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herman Rm Date of Burial 12/16 19 26

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balt

—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16797 E 16797

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

Y OF BALTIMORE; NO. 215, 22½ St ST. 17 WARD 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Hammond

(a) RESIDENCE. NO. 215 22½ St ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: mal

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence Hickinge

DATE OF BIRTH (month, day, and year): Feb. 20 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Lynwood, Md Carroll Co.

10 NAME OF FATHER: Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mrs J. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Hilda Hammond

(Address): 215 22½ St

Filed DEC 15 1926 C. HAMPTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1926, to Dec 14, 1926, that I last saw h.. alive on Dec 14, 1926, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Peritonitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Dermoid Cyst and Cancer

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ye Date of Oct 4 1926

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thos D Woodruff Jr M. D.

Dec 14 1926 (Address) 703 W Lafayette ave Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Joy Union Loge Md	Dec. 17 1926

20 UNDERTAKER: H Barkhardt & Son

ADDRESS: Westminster Md

rec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16798

CERTIFICATE OF DEATH. 5-2-29

E 16798
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Asquith ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice White

(a) RESIDENCE NO. 606 Asquith ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas A White

DATE OF BIRTH (month, day, and year) March 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Chas Folkard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eliza Mundowney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Chas A White (husband) 606 Asquith st

15 Filed OCT 5 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1926, to Dec 12, 1926, that I last saw h alive on Dec 12, 1926, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Tetanus

CONTRIBUTORY (Secondary) Pneumonia (Lobar) (duration) 4 yrs. mos ds.

(duration) 13 yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Lyburn, M. D.

12/14 1926 (Address) 1429 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Osborn Cemy — DATE OF BURIAL 12/17 1926

20 UNDERTAKER Byron Wright — ADDRESS 1210 Caldwell

12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16799

CERTIFICATE OF DEATH.

90

E 16799

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 828 Pierce ST. 18-1 WARD)

FULL NAME Charles Edward Wolfe

RESIDENCE NO. 828 Pierce ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

...arried, widowed, or divorced
HU...AND of Mrs Wolfe
or) ...of

TE OF BIRTH (month, day, and year) 1879

E.	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	47			

CUPATION OF DECEASED

) Trade, profession or articular kind of work Tooter

) General nature of industry, usiness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or State or country) Baltimore Md

NAME OF FATHER Unknown

1 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

2 MAIDEN NAME OF MOTHER Unknown

3 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant Mrs Wolfe
(Address) 1010 Linden Ave

Filed DEC 15 1926 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 7 , 1926 , to Dec 13 , 1926 .

that I last saw h... alive on Dec 13 , 1926 .

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ..... yrs. 3 1 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No ....Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) H. Covey , M. D.

, 19 (Address) 1522 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 12-14-26

20 UNDERTAKER Samuel Hawley

ADDRESS 37 E Baltimore

Rev.-7-17-26—A Co.—200 Bks.

E 16800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

10-2

E 16800

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1223 E. Biddle St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret A. O'Connell

(a) RESIDENCE NO. 1223 E. Biddle St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 1st 1920

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	6	4	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. (State or country) Md.

10 NAME OF FATHER Ray J. M. O'Connell

11 BIRTHPLACE OF FATHER (City or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie B. Harent

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mr. Ray J. M. O'Connell

(Address) 1223 E. Biddle St.

15 Filed DEC 5 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 14, 1926, that I last saw h[illegible] alive on Dec 14, 1926, and that death occurred, on the date stated above, at 3.55 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

Endocarditis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Kurbrick M. D.

Dec 15 1926 (Address) 11 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	Dec 17 1926
20 UNDERTAKER	**ADDRESS**
Henry Storck Son	1201 E Eager St

12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 16801

CERTIFICATE OF DEATH.

16801

-PLACE OF DEATH

Y OF BALTIMORE: (No. 919 Ryan ST. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-FULL NAME John P. Dorsey

) RESIDENCE NO. 919 Ryan ST., WARD

(Usual place of abode)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Dorsey

TE OF BIRTH (month, day, and year) Jan.21,1846

E	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	10	23	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bill Myers

RTHPLACE (city or town) Baltimore,
(State or country) Maryland

0 NAME OF FATHER John T. Dorsey

1 BIRTHPLACE OF FATHER (city or town) Leonardstown
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Dishler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania.

Informant Mrs. Catherine Dorsey
(Address) 919 Ryan Street

Filed DEC 15 1926 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1926 to Dec 14 1926,
that I last saw him alive on Dec 12 1926,
and that death occurred, on the date stated above, at 12.10p.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation
Hcash.

several years
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchitis
(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. E. Davis M. D.

(Address) 2108 Brookfield Avenue

Dec. 14/26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL Dec. 16 26

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 N. Gilto St

THOMPSON JONES, M. D.

12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16802

16802

CERTIFICATE OF DEATH.

16-4 44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-PLACE OF DEATH

OF BALTIMORE: (No. 1933 Mosher ST., 16-4 WARD)

-FULL NAME David H. Six

) RESIDENCE NO. 1933 Mosher ST., WARD
(Usual place of abode)
th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Cornelia M. Six

TE OF BIRTH (month, day, and year) Sept.25,1861

E	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	2	20	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work Woodworking machinery

b) General nature of industry, business, or establishment in which employed (or employer) Knabe Piano Co.

c) Name of employer 086

RTHPLACE (city or town) (State or country) Baltimore Maryland

0 NAME OF FATHER James Six

1 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

2 MAIDEN NAME OF MOTHER Miss Chaney

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland

Informant Cornelia M. Six
(Address) 1933 Mosher Street

Filed 1920 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1926, to Dec 14, 1926, that I last saw him alive on Dec. 13, 1926, and that death occurred, on the date stated above, at 1.10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Liver)

(duration) 2 yrs. 4 mos - ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) - yrs. 1 mos. - ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) George L. Mumma, M. D.

Dec. 14 19 26 (Address) 700 North Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec. 17 '26
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 Wilkens Ave

...—1-10-21—M&T—1500 Bks.

E 16803 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16803

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ST. 16-5 WARD)

2-FULL NAME Mr. Frank Hildebrandt.

(a) RESIDENCE NO. 2320 Annabel Ave ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Married.

f married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia L. Hildebrandt.

ATE OF BIRTH (month, day, and year) Mar. 13, 1850

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	0	

CCUPATION OF DECEASED Clerk

(a) Trade, profession or particular kind of work Federal Trade Board.

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Gov.

(c) Name of employer U.S. Gov.

IRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER Henry Hildebrandt.

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Achsach Hainert.

13 BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or country)

Informant Mrs. Hildebrandt. Wife
(Address) 2320 Annabel Ave.

Filed 5 1926 19 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1926, to Dec. 13, 1926.

that I last saw him alive on Dec. 13, 1926.

and that death occurred, on the date stated above, at 6.25 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac - Renal Disease.
Uremia Thrombosis.
Hypertrophied Prostate

(duration) ... yrs. mos ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

(duration) ... yrs. mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jno A. Hampson Jones M. D.

12/13 1926 (Address) 1003 N. Eutaw St.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec. 15, 1926

UNDERTAKER Joseph D. Cook ADDRESS 1003 N. Eutaw St

e.—1-10-21—M&T—1500 Bks.

E 16804 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16804

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO. 1435

TY OF BALTIMORE: (No. Payson and Dukeland ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel Marine

(a) RESIDENCE NO. 505 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

f married, widowed, or divorced HUSBAND of (or) WIFE of John Marine

ATE OF BIRTH (month, day, and year) Sept 18 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	2	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) work

(c) Name of employer at Home

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER John W Stinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant W. Marine

(Address) 505 W Mulberry

Filed DEC 15 1926 C. HAMPSON JONES, M. D. Registrar

By C K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/20 1926 to 12/14 1926

that I last saw her alive on 12/14 1926,

and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Pregnancy

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) W. B. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Strasburg Jct Va

DATE OF BURIAL Dec 16 1926

20 UNDERTAKER H. M. Routson

ADDRESS 230 N Greene

E 16805 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16805

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. West Baltimore General Hosp ST. WARD)

2-FULL NAME Baby Girl Married

(a) RESIDENCE NO. 505 W Mulberry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) 12/14/26

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William Devine

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER M Mc Stevens

13 BIRTHPLACE OF MOTHER (city or town) Virg
(State or country)

Informant (Address) West Baltimore Gen Hosp

Filed 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14 1926

17

I HEREBY CERTIFY, That I attended deceased from 12/14, 1926, to 12/14, 1926,

that I last saw her alive on 12/14, 1926,

and that death occurred, on the date stated above, at 6 50 p m.

The CAUSE OF DEATH* was as follows:

Premature birth

6 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Rudolf Dewese M. D.

12/15, 1926 (Address) West Baltimore Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Shasburg Jct Va	Dec 16 1926
20 UNDERTAKER	ADDRESS
W M Routson	230 N Green

...c.—1-10-21—M&T—1500 Blks.

E 16806

HEALTH DEPARTMENT—CITY OF BALTIMORE,

E 16806

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2700 Presbury ST., 15-9 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Winchester Earnhart

(a) RESIDENCE NO.... 2700 Presbury ST., ...WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

If married, widowed, or divorced HUSBAND of (or) WIFE of Grace H Earnhart

DATE OF BIRTH (month, day, and year) May 1 57

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7½	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 09

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Charles F E.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs Grace H Earnhart

(Address) 2700 Presbury St

Filed DEC 15 1926

C. HAMPSON JONES, M. D.

Per C & G Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1926

17

I HEREBY CERTIFY, That I attended deceased from ~~April~~ Feb. 1926 to Dec 13 1926.

that I last saw him alive on Dec 13 1926

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

R Hemiplegia

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) Barrett C. Catlin, M. D.

, 19 (Address) 1404 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Dec 15 1926
UNDERTAKER	ADDRESS
H M Routson	2237 W North Ave

Spec.-7-17-26—A Co.—200 Bks.

Dr Painter

16807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 16807

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2300 Rosedale St.; 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Diacont

(a) RESIDENCE NO. 2300 Rosedale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Diacont

DATE OF BIRTH (month, day, and year) March 16, 1855

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	71	8	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 31

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 years

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Adam Diacont

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Charles E. Diacont

(Address) 2300 Rosedale St

15 Filed DEC 19 1926 C. HAMPSON JONES, M. D. Registrar

5 1928 Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7- 1926, to Dec. 13- 1926, that I last saw h- alive on Dec. 13 1926 and that death occurred, on the date stated above, at 8.55 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) 30 min. yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) H. H. Painter, M. D.

12/13, 1926 (Address) 1300 E Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Carmel Cemetery	Dec 16 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc	1710 Fleet St.

c.—1-10-21—M&T—1500 Bks.

16808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 16808

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. St. Agnes Hospital ST., 1-1 WARD)

2-FULL NAME Mrs Elizabeth Ross

(a) RESIDENCE NO. 2114 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Ross

ATE OF BIRTH (month, day, and year) March 14. 1894

GE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32	8	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Wm. C Groh

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Kath. Scheiner

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

Informant Wm. C. Groh

(Address) 2114 Bank St

Filed . 19 C. HAMPSON JONES, M. D. Registrar

Per

5 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13 1926

17 I HEREBY CERTIFY, That I attended deceased from 10/13. 1926. to 12/13 1926.

that I last saw her alive on 12/13 1926,

and that death occurred, on the date stated above, at 11 10 a m.

The CAUSE OF DEATH* was as follows:

Inanition and Cardiac Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma stomach pylorus, inoperable (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/26/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & operation

(Signed) K. Theron Hunter M. D.

12/13 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Dec 16 1926

20 UNDERTAKER Henry Sander & Sons Inc — ADDRESS 1710 Fleet St,

1-12-23—M&T—500 Blks.

E 16809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001

E 16809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No.) 901 Shutter ST., 7-1 WARD)

2-FULL NAME Lucy F. Stokes

(a) RESIDENCE No. 901 E Shutter ST., WARD

(Usual place of abode)

gth of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	C	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) June 11, 1916

GE Years	Months	Days	If LESS than 1 day, ...hrs or ...min.
10	6	1	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Baltimore

0 NAME OF FATHER Enoch Stokes

1 BIRTHPLACE OF FATHER (city or town) (State or country) Va

2 MAIDEN NAME OF MOTHER Sara E. Purdy

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) Mrs Stokes 901 Shutter st.

Filed 1926 C. HAMPSON JONES, M. D. Registrar

5 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9- 1926 to Dec. 12 1926, that I last saw her alive on Dec. 12- 1926, and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. W. Leonard M. D.

12-13 1926 (Address) 708 Enson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	12/15/26

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1705 Ashland Av

c.—1-10-21—M&T—1800 Blks.

6810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143-002

E 16810

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Maryland General Hospital ST. 184 WARD)

2-FULL NAME Ann L Snyder.

(a) RESIDENCE No. 201 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Wade H Snyder.

ATE OF BIRTH (month, day, and year) Dec. 6, 1891

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	35	0	6	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. Work

(b) General nature of industry, business, or establishment in which employed (or employer) ~ 037

(c) Name of employer

IRTHPLACE (city or town) (State or country) Highlandtown Maryland.

10 NAME OF FATHER Greenleaf Taylor.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lola R Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Hospital Records

(Address)

C. HARRISON JONES, M. D.

Filed 5 1926 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/12 1924

17

I HEREBY CERTIFY, That I attended deceased from Dec 6 . 1924 . to Dec 12 . 1924 .

that I last saw h-er alive on Dec 12 . 1924 .

and that death occurred, on the date stated above, at 11 20 P m.

The CAUSE OF DEATH* was as follows:

Ectopic Pregnancy (Ruptured)

(duration) ~~yrs.~~ mos 6 weeks ds. 4 days

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) hours yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of 12-6-24

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Stamps M. D.

12/12/24 (Address) Mt Jewett Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Dec. 15 1924
20 UNDERTAKER	ADDRESS
Margaret J Flynn	1412 Eutaw St.

ec.—1-10-21—M&T—1500 Bks.

E 16811 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16811

CERTIFICATE OF DEATH. X 49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Howard A. Kelly Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Edwina Lindsey

(a) RESIDENCE NO. 437 Hooker ST., WARD Jackson, Miss.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mo. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) June 15 1908

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	18	6	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Pass Christian Miss

10 NAME OF FATHER: Caleb Henderson Lindsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pascagoula Miss

12 MAIDEN NAME OF MOTHER: Emma McCarroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Livingston Alabama

Informant: Mrs Emma Lindsey

(Address): Jackson Miss

Filed DEC 15 1926 Per — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Dec. 15 1926,

that I last saw h.r alive on Dec. 15, 1926,

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Generalized lymphosarcoma, beginning in mediastinum

(duration) yrs. 9½ mos ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Jackson, Miss.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? General exam. X-ray etc.

(Signed) Robert L. Fricke, M. D.

, 19 (Address) 1418 Eutaw Place, City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Miss. Pass Christian Miss

DATE OF BURIAL: Dec 17 1926

20 UNDERTAKER: Chas. G. Black

ADDRESS: 1422 North ave

1-12-23—M&T—500 Bks.

77962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16812

CERTIFICATE OF DEATH.

× 49 E 16812

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

TY OF BALTIMORE: (No. ST. 7-1 WARD)

2-FULL NAME Martha - Reeves

(a) RESIDENCE No. 2514 Henry St. Greenville ST. Texas WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Texas
(State or country)

10 NAME OF FATHER — Turman

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Texas

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed 1 5 1926 C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1926, to Dec. 13, 1926, that I last saw her alive on Dec. 13, 1926, and that death occurred, on the date stated above, at 3:45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) ... yrs. 9 mos ... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Greenville, Texas

Did an operation precede death? yes Date of 11/25/26

Was there an autopsy? Yes. autopsy

What test confirmed diagnosis? Microscopic Exam

(Signed) R. Lee Dorsey, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Greenville Texas

UNDERTAKER
John Ulrich

DATE OF BURIAL
Dec 15 1926

ADDRESS
2908 Oregon

ec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16813

CERTIFICATE OF DEATH.

90 E 16813

REGISTERED NO.

1-PLACE OF DEATH

ity of BALTIMORE: (No. 6-3 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Zeigler

(a) RESIDENCE NO. 105 N. Luzerne St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Ziegler.

DATE OF BIRTH (month, day, and year) 1855

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	71			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Joseph Hronek

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Austria

12 MAIDEN NAME OF MOTHER Annie Prochak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ? Austria

14 Informant City Hospital Records

(Address)

Filed DEC 15 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14 1926

17

I HEREBY CERTIFY, That I attended deceased from November 24, 1926, to December 14, 1926, that I last saw h.. alive on December 13, 1926, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Senility

Arterial Sclerosis,

Chronic Myocarditis ? Influenza

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Dec 14 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial: Dec 17 26

20 UNDERTAKER: John Ellerios ADDRESS: 200 E Preston

c.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16814

CERTIFICATE OF DEATH.

3 E 16814

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 Gilmor St., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lydia E. Schmeisser

(a) RESIDENCE NO. 305 Gilmor St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Schmeisser

DATE OF BIRTH (month, day, and year) Dec 14 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John Schekaner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Elizabeth Volk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

Informant Christian Schmeisser

(Address) 305 Gilmor St

DEC 15 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1926, to Dec 14, 1926.

that I last saw h[illegible] alive on Dec 13, 1926

and that death occurred, on the date stated above, at 4 01/2 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Cardiac failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? no knowledge

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Signs & Symptoms

(Signed) C Hampson Jones, M. D.

Dec 17 1926 (Address) 817 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Dec 17 1926

20 UNDERTAKER John Ulrich

ADDRESS Orleans

pec.—1-10-21—M&T—1500 Bks.

Gehuert.

E 16816 HEALTH DEPARTMENT—CITY OF BALTIMORE 74-001 E 16815

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N Regester ST. 8-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary L Gehuert

(a) RESIDENCE NO. 1614 N Regester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward B. Gehuert

DATE OF BIRTH (month, day, and year) Mar 7 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John F Barnickel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Leyhe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Edw B Gehuert (Address) 1614 N Regester St

15 Filed DEC 5 1925, 19 C. HARRISON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to Dec 12, 1926, that I last saw h alive on Dec 12, 1926, and that death occurred, on the date stated above, at 8 00 P m.

The CAUSE OF DEATH was as follows: Hyp Hypostatic Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

Hemiplegia yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dec 14 26 Owen Dennis, M. D.

(Address) 420 N Howard St

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz Cem — DATE OF BURIAL Dec 16 1926

20 UNDERTAKER John Ulrich — ADDRESS 200 S Orleans

or.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 16816

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO. E 16816

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

ity of BALTIMORE: (No. 1042 Hollins St. 8-W Ward)

2-FULL NAME George H. Billman

(a) RESIDENCE NO. 1042 Hollins St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Unknown

AGE: Years: about 58 Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): 45

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Beeto. Md

10 NAME OF FATHER: Geo, Billman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Amelia Dempsey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

Informant: Louise Marling

(Address) 626 Plymouth Road

Filed DEC 15 1925 Per [illegible] Registrar

Capt. WILSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by Inquiry (Inquest, Autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) at once yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Wm B. Norton M. D.

(Coroner)

Dec 14 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem Date of Burial: Dec 18 1926

20 UNDERTAKER: John Merrick ADDRESS: 2008 Orleans

-1-12-23--M&T—500 Blks.

16817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16817

CERTIFICATE OF DEATH.

84

-PLACE OF DEATH

Y OF BALTIMORE: (No. 1448 Lisquith ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

-FULL NAME Geo. F. Murphy.

a) RESIDENCE No. 1448 Lisquith ST., WARD

(Usual place of abode)

gth of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (write the word): Married

married, widowed, or divorced HUSBAND of (or) WIFE of L. K. Murphy.

TE OF BIRTH (month, day, and year) Dec. 18/1887

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
38		11	24	

CUPATION OF DECEASED

a) Trade, profession or particular kind of work: Agent American 086

b) General nature of industry, business, or establishment in which employed (or employer): Balt. Nurs

c) Name of employer

RTHPLACE (city or town) (State or country): Lower Grace.

0 NAME OF FATHER T. F. Murphy.

1 BIRTHPLACE OF FATHER (city or town) (State or country): Lower Grace.

2 MAIDEN NAME OF MOTHER M. Wilson

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt.

Informant L. F. Murphy

(Address) 1448 Lisquith St

Filed 1926 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12, 1926.

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 12, 1926.

that I last saw him alive on Dec 12, 1926.

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Fay Magness, M. D.

12, 14, 1926 (Address) 1206 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery.

DATE OF BURIAL: Dec 16 26

20 UNDERTAKER: Geo. F. Ruth

ADDRESS: 1735 Harford Ave.

rc. 1-10-21—M&T—1500 Blks.

16818 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16818

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. Spring ST., 9-6 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Stewart

(a) RESIDENCE No. 1703 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Stewart

DATE OF BIRTH (month, day, and year) March 15 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	8	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Marnie Stewart

(Address): 1703 N Spring Ave

Filed 5 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 13 1926 19

17 I HEREBY CERTIFY, That I attended deceased from DEC 10 1926, 19 ..., to DEC 12 1926, 19 ...,

that I last saw her alive on DEC 12 1926, 19 ...,

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) V. P. Parker M. D.

19 (Address) 928 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 12/16 1926

20 UNDERTAKER: George Ruth — ADDRESS: 1705 Harford Ave

1-12 28—M&T—500 Blks.

16819 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16819

CERTIFICATE OF DEATH.

REGISTERED NO. 490

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No.) 3502 Forest Park Ave (WARD)

2-FULL NAME Elizabeth Hammelbacher

(a) RESIDENCE No. 3502 Forest Park Ave WARD

(Usual place of abode)

gth of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X: Male / Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

married, widowed, or divorced

HUSBAND of (or) WIFE of: George L Hammelbacher

ATE OF BIRTH (month, day, and year): April 25 1834

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	7	19	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

RTHPLACE (city or town) (State or country): Germany

0 NAME OF FATHER: John Hoffner

1 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

2 MAIDEN NAME OF MOTHER: Elizabeth

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Martin Hammelbacher

(Address) 3502 Forest Park Ave.

C. HAMPSON JONES, M. D. Registrar.

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14-1926

17 I HEREBY CERTIFY, That I attended deceased from 11-23-1926, to 12-14-1926,

that I last saw h alive on 12-13-1926,

and that death occurred, on the date stated above, at 8.54 A m.

The CAUSE OF DEATH* was as follows:

Senile Marasmus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Heart Failure Coma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm R. Worrall, M. D.

, 19 (Address) 3523 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Dec 6 1926

20 UNDERTAKER: Williamson — ADDRESS: 5026 Harford

6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16820

REGISTERED NO. E 16820

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 135 Dorchester Ave. ST.; 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Hesse

(a) RESIDENCE. No. 135 Dorchester Ave. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Hesse.

DATE OF BIRTH (month, day, and year) March 17, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Daniel W. Rackenspurger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Francis Schark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant (Address) John Hesse 135 Dorchester Ave.

FILED 1926 C. HAMPSON JONES, M. D. Registrar
Per R R H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1926, to Dec. 14, 1926, that I last saw h alive on Dec. 14, 1926, and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination.

(Signed) John D. Quinn, M. D.

(Address) 1507 W. Fulton Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL Dec 17 1926

20 UNDERTAKER — ADDRESS

ec.—1-10-21—M&T—1500 Bks.

16821 HEALTH DEPARTMENT—CITY OF BALTIMORE 16821

CERTIFICATE OF DEATH.

8-3 129

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2009 E Oliver ST. WARD)

2-FULL NAME William H. Dietrich

(a) RESIDENCE No. 2009 E Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Male | 4 COLOR OR RACE: White | 5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Lottie Dietrich

DATE OF BIRTH (month, day, and year): Jan 24-1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	14 20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Moving & hauling

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John Dietrich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Annie Hertel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Lottie Dietrich 2009 E Oliver st

Filed 5 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1926, to Dec 14, 1926, that I last saw h im alive on Dec 14, 1926 and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

arterial hypertension + arterio-sclerosis aortic insufficiency + mitral insuff. chronic nephritis.

(duration) yrs. 6 mos ? ds.

CONTRIBUTORY (Secondary): hypocardial insufficiency.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs + urine

(Signed) Louis F. Krumm, M. D.

, 19 (Address) 722 North Kenwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bachmans	Dec 7 1926
20 UNDERTAKER: Reed Funeral Dir	ADDRESS: 1412 N Broadway

ec.—1-10-21—M&T—1500 Blks.

16822

HEALTH DEPARTMENT—CITY OF BALTIMORE

16822

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Walnut Ave., Overlea ST. 27-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry F. Grimm

(a) RESIDENCE No. 110 Walnut Ave., Overlea ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Feil Grimm

DATE OF BIRTH (month, day, and year) May 16, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70		6	28 27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book-binder 064

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 15 years

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Unknown

Informant Bertha Feil Grimm

(Address) 110 Walnut Ave., Overlea

FILED 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13, 1926.

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1926, to Dec 13, 1926.

that I last saw him alive on Dec. 13, 1926,

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Edward Benson M. D.

12/15 1926 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery.	Dec. 16, 1926.
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son.	Fullerton, Md.

—1 [illegible]—500 Blks.

1-34

16823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

139 E 16823

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. _____ ST. 47-W WARD)

2-FULL NAME Blanch Chaney

(a) RESIDENCE NO. 135 N Hill ST., _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X: male | 4 COLOR OR RACE: col | 5 Single, Married, Widowed, or Divorced, (write the word): single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, and year) June 16-1896

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	30	5	26	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 0 20

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Harris Chaney

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

Informant Records.

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1926, to Dec 12, 1926, that I last saw her alive on Dec 12, 1926, and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Myomata uteri

Secondary anemia.

(duration) 2 yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Thrombophlebitis

Anemia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 11/24/26

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemtery

DATE OF BURIAL Dec 1926

20 UNDERTAKER Walter R. Spriggs

ADDRESS 738 W Hamburg St

c.—I-12-23—M&T—500 Bks.

E 16824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16824

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (ST.) 28-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Mrs.) Alice A Mucklow

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 30 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) October 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	74	Unknown		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Charles Madden

11 BIRTHPLACE OF FATHER (city or town) Kilkenny (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia C. Goodson

13 BIRTHPLACE OF MOTHER (city or town) Both (State or country) England

14 Informant Mt Hope Retreat (Address) Mt Hope Retreat

15 DEC 16 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Dec 15, 1926, that I last saw her alive on Dec 14, 1926, and that death occurred, on the date stated above, at 12.15 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

over (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Debilitation

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hall, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Dec. 16, 1926

20 UNDERTAKER STEWART & MOWEN COMPANY

ADDRESS 108 W. NORTH AVE.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16825

CERTIFICATE OF DEATH.

185 E 16825

1-PLACE OF DEATH
E 16825
City of BALTIMORE: (No. St. Joseph Hospital St. 8-3 Ward)

REGISTERED NO. E 16825

(If death occurred in hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward L. Adelsberger

(a) RESIDENCE NO. 1425 N. Broadway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Eve E. Adelsberger

DATE OF BIRTH (month, day, and year) Oct 14/1872

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	2	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Emmittsburg, Md

10 NAME OF FATHER Joseph F. Adelsberger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Emmittsburg, Md

12 MAIDEN NAME OF MOTHER Mary Dowsen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Emmittsburg, Md

Informant Miss Nan Adelsberger

(Address) 414 N. Carrollton Ave

1926 C. HAMPSON JONES, M. D. Registrar

Per BCH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Delirium Tremens- Chr Alcoholism

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Frac-left humerus nr shoulder on Dec 10/26 in Carlyle Pl (duration) yrs. mos. ds.

(Signed) J. S. Fallon M. D. (Coroner)

12-15-19 26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. Date of Burial Dec 16 19 26

20 UNDERTAKER Robt J Timmis ADDRESS 2 W Fay

rc.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

6826

CERTIFICATE OF DEATH.

90 E 16826

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Motherhouse St. Peter Claver ST. 10-2 WARD)

2-FULL NAME Mary Teresa Winter

(a) RESIDENCE NO. Augusta St Ashland Ave WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Sept-20-1852

GE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	70	2	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Philadelphia Pa
(State or country)

10 NAME OF FATHER Henry Winter

11 BIRTHPLACE OF FATHER (city or town) Alsace Lorraine
(State or country)

12 MAIDEN NAME OF MOTHER Regina Linnenmann

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Sister Mary Dionede
(Address) Notre Dame Augusta St Phila

Filed 5 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1926, to Dec. 1926,

that I last saw her alive on Dec. 13. 1926,

and that death occurred, on the date stated above, at 9-30 a. m.

The CAUSE OF DEATH* was as follows: Chronic endocarditis; dilatation aortic - acute - dilatation heart

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? manual

(Signed) F. J. Finch, M. D.

12/15, 1926 (Address) 1106 Fidelity Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Notch Cliff Md. — DATE OF BURIAL: Dec. 16 1926

20 UNDERTAKER: Frank A. Finch — ADDRESS: 915 N. Gay St.

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16827 CERTIFICATE OF DEATH E 16827

1-PLACE OF DEATH Womans Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 14-2 ST., WARD)

2-FULL NAME Gertrude Margaret Rhines

(a) RESIDENCE No. 1528 Mt Royal Ave ST., 4th floor WARD Ridgeway Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hector Rusel Rhines

DATE OF BIRTH (month, day, and year) Jan ? 1884.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	42	11	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ridgway Pa.

10 NAME OF FATHER James S. Waginnis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland (?)

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?)

Informant Frederick Warner Rhines

(Address) 1528 Mt. Royal Ave city.

Filed DEC 16 1926 Per C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 13. 1926. to Dec 15. 1926.

that I last saw her alive on Dec 14. 1926.

and that death occurred, on the date stated above, at 2.07 A m.

The CAUSE OF DEATH* was as follows:

Uterine intestinal adhesions

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute intestinal obstruction (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 13 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W.M. Wilson, M. D.

. 19 (Address) Womens Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
RIDGEWAY PA	Dec 17 1926
20 UNDERTAKER ROBERT BROOKS & SON	ADDRESS 107 CALHOUN HOLLINS

ec.—1-10-21—M&T—1500 Bks.

E 16828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 16828

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 1544 Holbrook St ST., 9-7 WARD)

2-FULL NAME Matilda Diffendoffer

(a) RESIDENCE NO. 1544 Holbrook St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

E 4 COLOR OR RACE: Female White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

DATE OF BIRTH (month, day, and year): May 3-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	71	7	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto Co.

10 NAME OF FATHER: Isaac Kurz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Priscil

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

Informant (Address): The Surety Co of Balto City

Filed ... 19 ... By ... Registrar

C. WALLACE JONES, M. D.

1 6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): DEC 15 1926 19

17 I HEREBY CERTIFY, That I attended deceased from DEC 12 1926, 19 , to DEC 15 1926, 19 ,

that I last saw her alive on DEC 15 1926, 19 ,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Fibroid Pathosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) D. F. Decker M. D.

19 (Address) 928 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery DATE OF BURIAL: Dec 17 1926

UNDERTAKER: W. C. Burke & Sons ADDRESS: No

ec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16829 | CERTIFICATE OF DEATH. | 12 001 | E 16829

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1023 Bennett Place ST., 16-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Radecke

(a) RESIDENCE NO. 1023 Bennett Place ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 12 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Electrical Dept. City

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER John D Radecke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Augusta Rebenmagel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Emma L Radecke

(Address) 1023 Bennett Place

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14 1926

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1926, to Dec 14, 1926,

that I last saw h— alive on Dec 14, 1926,

and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Nephritis & Cirrhosis of liver with ascites

(duration) 1 abt yrs. mos ds.

CONTRIBUTORY (Secondary) (gonal) Pneumonia Lemoorrhage

(duration) yrs. 1 mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? microscopic

(Signed) H E Krantz M. D.

Dec 15, 1926 (Address) 1002 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park.	12-16 1926
20 UNDERTAKER	ADDRESS
Mrs Chas A G Rohde	600 N Arlington Ave

File 6 1926 C. HAMPSON JONES, M. D. Registrar

Per —

Spec.—12-9-25—A Co.—200 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16830

CERTIFICATE OF DEATH.

101-001

E 16830

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1002 W. Belvidere St., 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Cortes

(a) RESIDENCE NO. 1002 W. Belvidere St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Ethel C. Cortes

DATE OF BIRTH (month, day, and year) Dec 3/84

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	—	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hardware

(b) General nature of industry, business, or establishment in which employed (or employer) clerk

(c) Name of employer

BIRTHPLACE (city or town) Balt

(State or country)

10 NAME OF FATHER Benj. F. Cortes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ~~Md~~ Pa.

12 MAIDEN NAME OF MOTHER Matilda

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Benj. F. Cortes

(Address) 1002 W. Belvidere St.

Filed DEC 16 1926 C. HANSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13/26

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1926, to Dec 13, 1926, that I last saw him alive on Dec. 13, 1926 and that death occurred, on the date stated above, at 8:10 P. m.

The CAUSE OF DEATH* was as follows: Cobar pneumonia

(duration) ...yrs. ...mos. 5 ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Conrad J. Green M. D.

12-14-1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk Date of Burial 12/16 1926

20 UNDERTAKER Philip Henry ADDRESS 2016 Orleans St

Spec.–7-17-26—A Co.—200 Bks.

Dr Hesser, 1301 Pat Pk Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

21

CERTIFICATE OF DEATH

E 16831

REGISTERED NO. E 16831

1-PLACE OF DEATH

City of BALTIMORE: (No. 108 Marx Ave, Gardenville St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George H Johnson

(a) RESIDENCE NO. 108 Marx Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie B Johnson

DATE OF BIRTH (month, day, and year): Oct 1, 1873

AGE: Years 53 Months 2 Days 13 IF LESS than 1 day ..... hrs. or ..... min..

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk, Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Jacob Johnson

11 BIRTHPLACE OF FATHER (City or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Sadie B Johnson

(Address): 108 Marx Ave

15 Filed DEC 16 1926, 19 ..... C. HAMPSON GODMAN, M. D. Registrar

Fee ..... RJL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 19 26 to Dec 14, 19 26

that I last saw him alive on Dec 14, 19 26

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. L. Hesser, M. D.

Dec 16 19 26 (Address) 1301 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Dec 17 1926

20 UNDERTAKER: H. M. Cook — ADDRESS: 207 E North Ave

Cor.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16832

CERTIFICATE OF DEATH.

90 E 16832

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 3004 Independence ST., 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry F. Taylor

(a) RESIDENCE NO. 3004 Independence ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Taylor

DATE OF BIRTH (month, day, and year) Apr 1/1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer) Formerly PennaR.R.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Thos Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Agnes B. Boring

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Henry Wildberger

(Address) 3004 Independence St. M.

Filed DEC 16 1926 H. HANSON JONES, M.D. Registrar

Per R.R.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

(Signed) J. H. Bacon, M. D.

(Coroner.)

Dec 15/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Dec 17 1926

20 UNDERTAKER ADDRESS

William Carl 522 E. North Ave.

—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16833

CERTIFICATE OF DEATH.

44

E 16833

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Hospital 2724 N Charles St ST. 27-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leslie E. Overton

(a) RESIDENCE NO. 405 Park ave (Grocer) ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R Overton

DATE OF BIRTH (month, day, and year) Feb. 8 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	57	10	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Lester Overton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co Md

12 MAIDEN NAME OF MOTHER Mary Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Co Md

Informant Anna R Overton
(Address) 407 Park Ave Towson

Filed 12-15 1926 19

C. HAMPSON JONES, M. D. Registrar

Per R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1926, to Dec. 15, 1926,

that I last saw h... alive on Dec. 14, 1926,

and that death occurred, on the date stated above, at 1.50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach. Liver.

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Gen Cancerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical - Laparotomy

(Signed) [illegible], M. D.

12-15 1926 (Address) 5600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 17 1926
20 UNDERTAKER George J. Smith	ADDRESS 1532 Lin...

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16834

E 16834

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

City of BALTIMORE: (No. 422 Linden Ave St. 70-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Massie M. Smith

(a) Residence No. 422 Linden Ave St. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX, Female

4-COLOR OR RACE, White

5-~~Single~~, Married, ~~Widowed, or Divorced,~~ (Write the word.) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. M. Smith

DATE OF BIRTH (month, day and year) July 11-1866

AGE, 60 yrs. 5 mos. 3 ds. If LESS than 1 day, ...hrs. or....min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country), Charleston W. Va.

10-NAME OF FATHER, Daniel J. Cantley

11-BIRTHPLACE OF FATHER (city or town) (State or Country), W. Va.

12-MAIDEN NAME OF MOTHER, ?

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), W. Va.

(Informant) J. M. Smith

(Address) 422 Linden Ave.

Filed..... 19.. Registrar.

C. HAMPSON JONES, M. D.

DEC 16 1926 Per C. H. J.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/14/26

17- I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1926, to Dec. 14, 1926, that I last saw her alive on Dec. 14, 1926, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis
(mitral & tricuspid)
(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation
(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No.

What test confirmed diagnosis? Clin.

(Signed) Homer L. Todd, M. D.

12/16, 1926 (Address) 736 N. Fulton

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Louden Pk — DATE OF BURIAL, Dec 16th 1926

20-UNDERTAKER, C. Jones — ADDRESS, 111 S. Gilmor St

—1-12-23—M&T—500 Bks.

E 16835

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16835

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 950 W. Lombard St. ST. 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Ryan

(a) RESIDENCE NO. 950 W. Lombard St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Ryan.

DATE OF BIRTH (month, day, and year) June 24, 1863.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Ireland

10 NAME OF FATHER Patrick Coan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sarah Ryan

(Address) 950 W. Lombard

Filed DEC 16 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1926

17

I HEREBY CERTIFY, That I attended deceased from December 6, 1926 to December 14 1926.

that I last saw her alive on December 14, 1926

and that death occurred, on the date stated above, at 10:15 A.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 2 Yrs

Chronic Endocorditis 1 Yr

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilitation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yr

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edw Hamilton, M. D.

, 19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters — DATE OF BURIAL Dec 18 1926

20 UNDERTAKER John Fields — ADDRESS 120 N Lombard

Cor.—12-9-25—A Co.—200 Blks.

E 16836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 16836

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 15 E. Franklin St. 403 Ward)

2-FULL NAME Victor E Martin

(a) RESIDENCE NO. 15 E. Franklin St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 18 mos. 23 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: white

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Rose A. Martin

DATE OF BIRTH (month, day, and year): Jan 22 1881

AGE: Years 45 Months 10 Days 23

IF LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nothing

(b) General nature of industry, business, or establishment in which employed (or employer): gen. work about house

(c) Name of employer

BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: Wm Martin

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Matilda Mattox

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Rose Martin

(Address): 15 E Franklin

Date received: DEC 16 1926

Per: C. HARRISON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Valv dis. heart

Sudden (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

Dec 16 (Signed) [illegible] (Coroner) M. D.

, 1926 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial: Dec 18th 1926

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1126 Eutaw

Dec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 16837

CERTIFICATE OF DEATH.

16837

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 107 S. Ellwood Ave. ST., 1-4 WARD)

2-FULL NAME Katherine Johnson

(a) RESIDENCE NO. 107 S. Ellwood Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) M

If married, widowed, or divorced HUSBAND of (or) WIFE of Nils Johnson

DATE OF BIRTH (month, day, and year) Jan 1-1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	1	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER John Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Kate Carson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

Informant Nils Johnson

(Address) 107 S. Ellwood Ave

Filed DEC 16 1926 C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926 to Dec. 13, 1926.

that I last saw her alive on Dec. 13, 1926.

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 1 hr

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none.

(Signed) Allen C. Beetham M. D.

12-15 1926 (Address) 3139 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westernberg

DATE OF BURIAL 12[illegible] 1926

20 UNDERTAKER J. G. Moran

ADDRESS E Balto

Spec–12-23-21–E.B.R.S.–400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16838

CERTIFICATE OF DEATH.

129 E 16838

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2811 Simpson St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Carter Williams

(a) Residence No. 2811 Simpson St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Male

4-COLOR OR RACE. C

5-Single, Married, Widowed, Divorced. (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day and year) Unknown

AGE. Last 67 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town) (State or Country). VA

10-NAME OF FATHER. John Williams

11-BIRTHPLACE OF FATHER (city or town) (State or Country). VA

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Unknown

9- (Informant) Mrs. R.G. Elliott

(Address) 1725 Ashland Ave.

10- Filed ..... 192.. ..... Registrar.

6 1926 C. HAMPSON JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 14. 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 6 1926 to Dec 13 1926

that I last saw him alive on Dec 13 1926

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH was as follows:

Brights Disease

Indefinite

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....

(Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Chemical Exam

(Signed) R. Garland Ashpell M. D.

. 19 (Address) 1534 E. Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Laurel Cemetery	12/16/26

20-UNDERTAKER.	ADDRESS
Mrs. R.G. Elliott	1725 Ashland Ave.

c.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16839 — REGISTERED NO. E 16839

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 419 S. Eastern Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Flaherty

(a) RESIDENCE. No. 419 S. Eastern ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): W

If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis M. Flaherty

DATE OF BIRTH (month, day, and year): July 1, 1864

AGE: Years 62 Months 6 Days 13 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: John Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary E. Cassilly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Louis M. Flaherty 419 S. Eastern Ave.

15 Filed ____, 19____ Registrar

C 16 1926 C. HAMPSON JONES, M. D.

P.M. R.A.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1924, to Dec. 13th, 1926, that I last saw h[illegible] alive on Dec. 13th, 1926, and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right breast

(duration) 17 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) 0 yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? yes Date of about 16 years ago.

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) John F. Sloan, M. D.

, 19 (Address) 7 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: 12/17 1926

20 UNDERTAKER: J. J. Moran

ADDRESS: 1216 E. Baltimore

6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16840

CERTIFICATE OF DEATH.

E 16840

1-PLACE OF DEATH Eye & Ear Hosp. 129

CITY OF BALTIMORE: No. 1210 Eutaw Pl. St. 13-5 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sadie Miller

(a) RESIDENCE. No. 2214 Brookfield Ave. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? 35 yrs — mos — ds

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacobs

DATE OF BIRTH (month, day, and year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Rubin Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Annie Harkerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jacob Miller

(Address) 2422 Linden ave

Filed DEC 16 1926 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1926, to Dec 16, 1926, that I last saw her alive on Dec 16, 1926, and that death occurred, on the date stated above, at 8:10 a.m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

old Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Cataract operation)

Did an operation precede death? yes Date of Dec 6, 1926

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Harry Friedenwald, M. D.

12/16/26 (Address) 1212 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern ave	12/16 1927

20 UNDERTAKER Hof Linton & Bro. ADDRESS 1127 E Balto St

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16841

CERTIFICATE OF DEATH.

E 16841

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jack Donohue

(a) RESIDENCE NO. 552 15th Ave. Patterson Ward New Jersey

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 25 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		4	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New Jersey

10 NAME OF FATHER John Donohue

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Helen Lafferan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New Jersey

14 Informant Mrs Helen Donohue

(Address) Patterson N J

15 Filed DEC 6 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1926, to Dec 16, 1926, that I last saw he alive on Dec 16, 1926, and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows: Ruptured Appendix & Gen'l Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia & Intestinal Obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dec 5 &

Did an operation precede death? Yes Date of Dec 16-1926

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Motta, M. D.

, 19 (Address) Mercy Hospital Balt. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Patterson N J — Date of Burial 12/16/1926

20 UNDERTAKER: Jerome A Farley — ADDRESS Fulton Fayette

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16842

CERTIFICATE OF DEATH.

E 16842

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (NO. 132 Mosher Street ST. 14 WARD)

2-FULL NAME George W. Gruebel

(a) RESIDENCE NO. 132 Mosher Street ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 76 yrs. 0 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Katharine Gruebel

...ATE OF BIRTH (month, day, and year) April 11, 1850

...GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	3	

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Jeweler

(c) Name of employer: None

...IRTHPLACE (city or town) (State or country): Philadelphia, Penna.

10 NAME OF FATHER: George Gruebel

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Germany

12 MAIDEN NAME OF MOTHER: Sophie Kesmodel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Germany

Informant: Miss Martha Gruebel (sister)

(Address) 10—2—26th. Street

Filed DEC 16 1926

G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1926, to Dec 15, 1926, that I last saw him alive on Dec. 14, 1926, and that death occurred, on the date stated above, at Dec 14 8:30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H. Hamilton, M. D.

, 19 (Address) 4 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Dec-17-26 19
20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor)	ADDRESS: 108 W. NORTH AVE.

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16843

CERTIFICATE OF DEATH.

90 E 16843

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Druid Apts ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Percy Davol Meader

RESIDENCE NO. Druid Apts ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred 9 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 36 yrs. 11 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of (Single)

6 DATE OF BIRTH (month, day, and year) Jan.-9-1890

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Professor at the

(b) General nature of industry, business, or establishment in which employed (or employer) School of Hygiene

(c) Name of employer Johns Hopkins University

9 BIRTHPLACE (city or town) (State or country) Providence Rhode Island

10 NAME OF FATHER Louis H. Meader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ryegate Vermont

12 MAIDEN NAME OF MOTHER Mary Davol

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brooklyn New York

Informant (Address) Mrs Mary D. Meader (mother) Druid Apts - City

Filed DEC 16 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1926, to Dec 15th, 1926, that I last saw him alive on Dec 15th, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilation

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Ch. Valv. Endocarditis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Hopkins Bunts, M. D.

Dec 16th, 1926 (Address) 2846 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Providence - R. I.	Dec 17 1926
UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 106 W. NORTH AVE.

E 16844

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-041

E 16844

1 PLACE OF DEATH

REGISTERED NO. C .....

CITY OF BALTIMORE (No. 1401 Madison Av ST. 14-26 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Gartin

(Residence in Baltimore: No. 1401 Madison Av St.: ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 12 (Month) 15, 126 (Day) (Year)

7 AGE: ... yrs. ... mos. 1 ds. | If LESS than 1 day, ... hrs. or — min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): 0

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Jamie Gartin

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Ruth Gartin

13 BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 1926 Per C. HAMPSON JONES, M. D. 191 REGISTRAR

0868

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 12 (Month) 16 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1926 to Dec 16 1926 that I saw him alive on Dec 16 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) ... yrs. ... mos. ... ds

Contributory (SECONDARY) Premature Birth

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. W. Burdick M. D.

Dec 16, 1926 (Address) 1420 Bolton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL ... ,191

20-UNDERTAKER: Com Missioner Health.

ADDRESS DEC 16 1926

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16845

CERTIFICATE OF DEATH.

90 E 16845

1-PLACE OF DEATH

City of BALTIMORE: (No. 42 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Jones

(a) RESIDENCE NO. 742 Fountain Court St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~: Married

6a If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~: Mary E. Jones

7 DATE OF BIRTH (month, day, and year): June 17 1878

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	48	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER George A. Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant City Hospital Records

(Address)

Filed 12 6 1926, 19 C. EMERSON JONES M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14 1926

17 I HEREBY CERTIFY, That I attended deceased from December 9 1926, to December 14, 1926, that I last saw him alive on December 14, 1926, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocarditis Insufficiency

Pulmonary Infarction

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Dec. 16 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial 12/17/1926

20 UNDERTAKER: Ulman Cook Sons — ADDRESS: E. Monument

Spec.—1-12-23—M&T—500 Blks.

E 16846

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16846

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Whitehead

(a) RESIDENCE NO. Edenton Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or.....min.
73	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Edenton
(State or country) Md

PARENTS

10 NAME OF FATHER Thaler Whitehead

11 BIRTHPLACE OF FATHER (city or town) Edenton
(State or country) Md

12 MAIDEN NAME OF MOTHER Alice Green

13 BIRTHPLACE OF MOTHER (city or town) Edenton
(State or country) Md

14 Informant J. H. Whitehead
(Address) Edenton Md.

15 Filed 6 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1926, to Dec. 15, 1926,

that I last saw him alive on Dec 15, 1926,

and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Generalized Tuberculosis
Enterocolitis

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) Undernutrition

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) E K Miller, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Md — DATE OF BURIAL 12/15 1926

20 UNDERTAKER Geo. E. Enoch — ADDRESS Laurel Md

Spec.—12-9-25—A Co.—200 Blks.

E 16847

HEALTH DEPARTMENT—CITY OF BALTIMORE

× 129

CERTIFICATE OF DEATH.

E 16847

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1120 Laurens St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Robinson

(a) RESIDENCE NO. 1120 Laurens St. Ward Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

7 DATE OF BIRTH (month, day, and year): Unknown

8 AGE — Years: 70? — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.: —

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Va.

14 Informant: Father King

(Address): 1120 Laurens St.

15 Filed ....., 19.....

Per ..... Registrar

C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926, to Dec 15, 1926, that I last saw h.. alive on Dec 8, 1926, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Frey, M. D.

12/5, 1926 (Address) 1928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Mem Gdns — Date of Burial: Dec 17 1926

20 UNDERTAKER: Jno. H. Chase Son — ADDRESS: 1400 Mosher

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16848

CERTIFICATE OF DEATH.

89 E 16848

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1617 Homestead St St. 8-2 Ward)

2-FULL NAME ~~George W. McGee~~

(a) RESIDENCE NO. 1631 N. Bond St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. McGee

DATE OF BIRTH (month, day, and year) Oct 15/1863

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	2	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lather

(b) General nature of industry, business, or establishment in which employed (or employer) 058

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Cambridge, Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mary E. Magee

(Address) 1631 N. Bond St

15 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 15/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(Dropped dead w hile at work)

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) History of Angina pectoris

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. H. Watkins M. D.

(Coroner)

12/18/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shenandoah Cemetery Dec 17 1926

20 UNDERTAKER Robt J Turner & Sr ADDRESS 1944 N. Broadway

Spec.—1-10-21—M&T—1500 Blks.

16849

HEALTH DEPARTMENT—CITY OF BALTIMORE

16849

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Woman's Hospital (St.) 4-2 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Brogan

(a) RESIDENCE No. ..... ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec. 15, 1926

AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. 25 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Graham Brogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York State

12 MAIDEN NAME OF MOTHER Miriam Schumacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York State

Informant Graham Brogan

(Address) [illegible] Md

Filed 1926 C. HAMPSON JONES, M. D. 19

Per ..... Registrar

0865

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1926, to Dec. 16, 1926, that I last saw him alive on Dec. 16, 1926, and that death occurred, on the date stated above, at 1:10 A. m.

The CAUSE OF DEATH* was as follows:

Atelectasis, congenital

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prematurity (7 mos.)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Wm M. Wilson, M. D.

, 19 (Address) Women's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

DEC 19 1926

...—1-12-23—M&T—500 Blks.

E 16850

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16850

CERTIFICATE OF DEATH.

202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Scott

(a) RESIDENCE NO. 839 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single ?

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 074

(b) General nature of industry, business, or establishment in which employed (or employer) Livedon worker

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Eddie Scott

(Address) 839 W Franklin St

FILED 1926 C. HAMPSON JONES, M. D. Registrar

Per RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 13 1926

17 I HEREBY CERTIFY, That I attended deceased from Decbr 9, 1926, to December 13, 1926, that I last saw h[illegible] alive on Decbr. 13, 1926, and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Contusion of chest

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob P. Jensen, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Dec 16/26

20 UNDERTAKER Daniel Easton

ADDRESS 915 Eutaw pl

...—1-12-23—M&T—500 Bks.

16851

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16851

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH Bon Secours Hospital

TY OF BALTIMORE: (No. 20-1 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Annie F. Fay

(a) RESIDENCE NO. 3823 Monastery Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of or) WIFE of Ted C. Fay

DATE OF BIRTH (month, day, and year) June 17, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56 Y		11	131	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER Edw Keane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant (Address): Ted C. Fay

Filed 1926, 19 C. HAMPSON JONES, M. D. Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1926, to Dec. 15, 1926, that I last saw her alive on Dec. 14, 1926, and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - rt side

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lippy, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 12/18 1926

20 UNDERTAKER: Ted Knell

ADDRESS: 726 Washington

Spec—12-23-21—E.B.R.S.—400 Bks.

16852 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16852

74 902

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 320 W. Preston St., 11-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Gregg

(a) Residence No. 320 W. Preston St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Saml. Gregg

DATE OF BIRTH (month, day and year) ? - 1901

AGE. 25 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 27

(c) Name of employer.....

BIRTHPLACE (city or town) D.C.
(State or Country),

10-NAME OF FATHER, Washington Thomas

11-BIRTHPLACE OF FATHER (city or town) D.C.
(State or Country),

12-MAIDEN NAME OF MOTHER, Hester Mills

13-BIRTHPLACE OF MOTHER (city or town) D.C.
(State or Country),

14-(Informant) Saml Gregg

(Address) 320 W. Preston

15-Filed DEC 16 1926 C. HAMPSON JONES, M. D. Registrar.

By [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 15-1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 12 - 1926 to Dec 15 1926

that I last saw h[illegible] alive on Dec 15 1926

and that death occurred, on the date stated above, at 11.30 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Mitral incomp

(Duration) Indefinite yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys exam.

(Signed) Chas. J. Kellam, M. D.

Dec 16, 1926 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Florence S. Co. DATE OF BURIAL. Dec 16 1926

20-UNDERTAKER Harry Easton ADDRESS 916 Park

...—1-12-23—M&T—500 Bks.

E 16853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16853

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil Apts N. Eutaw St ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hurd Pendleton

(a) RESIDENCE NO. Cecil Apts ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6 1846

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	80	4	29	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Philip C. Pendleton

11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Leche

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

Informant L C Pendleton
(Address) 836 Park Ave

C. HAMPSON JONES, M. D.
1926 Per BRS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1926, to Dec. 15, 1926,
that I last saw her alive on Dec. 13, 1926,
and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage -

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis -

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Linton F. Robinson M. D.

12/16 1926 (Address) 836 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Dec 17 19
20 UNDERTAKER	ADDRESS
Emory H. Kenton Co	McCulloh & Eutaw Sts

c.—1-12-23—M&T—500 Bks.

8136

E 16854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16854

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

ITY OF BALTIMORE: (No. 27-6 135 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Paul Haupt

(a) RESIDENCE No. 215 Longwood Rd ST., Roland WARD Pk. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Minnie Hirdt

DATE OF BIRTH (month, day, and year) Nov 25 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	—	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Prof. of H-U-

(b) General nature of industry, business, or establishment in which employed (or employer) Semitic languages

(c) Name of employer

BIRTHPLACE (city or town) Germany
(State or country)

10 NAME OF FATHER Paul Haupt

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER E. Hulse

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Reeves -
(Address)

JOHNS HOPKINS HOSPITAL

Filed 1926 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1926, to Dec - 15 1926, that I last saw him alive on Dec - 15 1926, and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Septicemia - Staphylococcus Pyogenes albus

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Hypertension - Prostatic Hypertrophy (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Analyzer, M. D.

Dec 16, 1926 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cremation London Park	Dec 17th 1926
20 UNDERTAKER	ADDRESS
Henry W. Rukin Son Co.	711 Cathedral St

—1-12-23—M&T—500 Blks.

16855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16855

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1813 East North Ave. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Coulter

(a) RESIDENCE No. 1813 East North Ave., ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 63 Life yrs. 11 mos. 29 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Divorced

married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Dec 16 1862

GE	Years	Months	Days	If LESS than 1 day, hrs or min
	63	11	29	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Vice President

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fidelity & Deposit Co

IRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Archibald Barklie Coulter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Helen Stockett Beatty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Helen C. Stapleton

(Address) 709 Wyndham ave. Roland

F[illegible] 1926 C. RAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15/'26 19

17 I HEREBY CERTIFY, That I attended deceased from July 15th, 1926, to December 15th '26, that I last saw h[illegible] in alive on Dec 15th, 1926, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Endocaraitis

Arterio-Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) [illegible], M. D.

12/15/26, 19 (Address) 1001 Eutaw Place,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Dec 18 1926

20 UNDERTAKER Chas. G. Black.

ADDRESS 742 W. North Ave

—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16856

CERTIFICATE OF DEATH.

+ 123

E 16856

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Mercy Hospital

TY OF BALTIMORE: (No. Lombard & Eutaw ST., 11-1 WARD)

2-FULL NAME Rinaldo Bryant

(a) RESIDENCE NO. Odenton Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~, (~~write the word~~)
ale	W	Mr.

married, widowed, or divorced
HUSBAND of
or) WIFE of Estella Bryant

ATE OF BIRTH (month, day, and year) Aug-23 1861

GE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
5		3	23	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman 073

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. B. & A. Electric R.R.

IRTHPLACE (city or town) (State or country) Balto Co. Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Rinaldo Bryant
(Address) Odenton Md

Filed ..... 19 ..... Registrar

6 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 28th, 1926, to Dec 16th, 1926, that I last saw h alive on Dec 16th, 1926 and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows: Cholelithiasis which I treated over period of 2 years -

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis - Cardiac failure & anemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Odenton Md

Did an operation precede death? Yes Date of Dec 6th, 1926

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) N B Hundley, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Odenton Md	Dec 16 1926
20 UNDERTAKER	ADDRESS
L D Hopkins	Annapolis Md

Spec.—1-10-21—M&T—1500 Blks.

16857

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 16857

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Ravenswood ave. ST. 27-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Veronica Puidokas

(a) RESIDENCE NO. 622 Ravenswood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) No. 1868

AGE 58 Years — Months — Days | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lithvania

10 NAME OF FATHER Vincent Duknis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER Anna Buctus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

Informant Mrs Grigorus

(Address) 622 Ravenswood Ave.

Filed 6 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1926, to Dec. 14, 1926,

that I last saw her alive on Dec. 13, 1926,

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 3 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchness, M. D.

, 19 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec. 17. 1926 19
20 UNDERTAKER	ADDRESS
John Grebliauckas	423 S Paca St.

Spec.—1-10-21—M&T—1500 Bks.

16858

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 16858

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1272 Sargeant ST. 21-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Glicbas

(a) RESIDENCE NO. 1272 Sargeant ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1879

AGE 47 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Talor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lithvania

10 NAME OF FATHER Justinas Glebas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvajna

12 MAIDEN NAME OF MOTHER Veronik Pranute

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

Informant (Address) Mrs. Glebas 1272 Sargent Street

Filed 6 1926, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1926, to Dec. 15, 1926, that I last saw him alive on Dec. 14, 1926, and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) — yrs. 8 mos — ds.

CONTRIBUTORY (Secondary) Acute Myocardial Insufficiency

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchmann M. D.

19.. (Address) 375. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec. 18. 1926
20 UNDERTAKER	ADDRESS
John Grebliauckas F.D.	425 S Paca St

...—1-12-23—M&T—500 Blks.

16859

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

118-001

E 16859

1-PLACE OF DEATH U.S Marine Hospital No 1

CITY OF BALTIMORE: (No. Baltimore, Md ST. 77-N WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Watson.

(a) RESIDENCE NO. 8 W Hughes St. Balt ST., WARD .....
(Usual place of abode) 241-
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): Single-

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 1871-?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 086

(b) General nature of industry, business, or establishment in which employed (or employer) Fireman

(c) Name of employer Unknown.

BIRTHPLACE (city or town) (State or country) Delaware

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Self
(Address)

Filed DEC 6 1926, 19 C. HAMPSON JONES, M. C.
Per RCH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1926, to Dec 16, 1926, that I last saw him alive on Dec 16, 1926, and that death occurred, on the date stated above, at 6-45 a.m.

The CAUSE OF DEATH* was as follows:

General Peritonitis

Cause

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Rupture of the Bladder

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of 12-10-26

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & Autopsy

(Signed) C. L. Wilmoth, M. D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Dec 17th 1926

20 UNDERTAKER: LeRoy Stiffler

ADDRESS: 125 North ave

...—1-12-23—M&T—500 Bks.

E 16860 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16860

CERTIFICATE OF DEATH. 100-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U.S. Marine Hospital #1 Baltimore, Md
TY OF BALTIMORE: (No. ..... St. H-3 WARD)

2-FULL NAME Frank Harford

(a) RESIDENCE NO. 11 West 24th st ..... ST., ... WARD .....
(Usual place of abode) Balt. Md
(If non-resident give city or town and State)
ength of residence in city or town where death occurred yrs. Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale.	White	Married

I married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Birdie Harford

ATE OF BIRTH (month, day, and year) 1892

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	—	—	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) 3rd Asst. Engineer
(c) Name of employer U.S. West Celina

IRTHPLACE (city or town) (State or country) Portland Oregon

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Self.
(Address)

Filed 6 1926

C. HAMPSON JONES, M. D. Registrar
Per B.R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1926, to Dec 15, 1926, that I last saw him alive on Dec 15, 1926, and that death occurred, on the date stated above, at 10:40 m.

The CAUSE OF DEATH* was as follows:
Bronchio-pneumonia
acute Influenza

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary) Ethyl Alcohol poisoning (duration) Unk yrs. — mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings & Laboratory tests

(Signed) J. C. Travers, M. D.

, 19 (Address) U.S. Marine Hospital #1 Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pensacola, Florida — DATE OF BURIAL Dec 17, 1926

20 UNDERTAKER E. LeRoy Seiffler — ADDRESS 125 E. North Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16861

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

16-14 129

REGISTERED NO. E 16861

City of BALTIMORE: (No. 1122 Fremont Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Anna Augusta Blue

(a) RESIDENCE NO. 1122 Fremont Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Blue

6 DATE OF BIRTH (month, day, and year) Nov. 10 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Augustus Sorrell

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Marie Harris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Florence S. Crutchfield

(Address) 1122 Fremont Ave

Filed DEC 17 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 9, 1926, to Dec 14, 1926, that I last saw h.. alive on Dec 14, 1926, and that death occurred, on the date stated above, at 11:28 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Convulsions

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Iden, M. D.

Dec 15, 1926 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn	Dec 18, 1926
20 UNDERTAKER John W. Joachim	ADDRESS 1027 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16862 — 197 — E 16862

1 PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Mercy Hosp. St. 18-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Howard Anson

(a) RESIDENCE NO. 1042 W. Lafayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 1898

7 AGE: Years 28 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nothing

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER: Frank. Howard

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Amanda Reister

13 BIRTHPLACE OF MOTHER (city or town): Balto Co

(State or country)

14 Informant: Milton Howard

(Address): 409 Fremont Ave

15 FILED: DEC 7 1926 — C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 13 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot of skull. Homicide

3 days (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) W. J. Fahey, M. D.

(Coroner)

Dec 13, 1926 (Address) 1637 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: Dec 17, 26

20 UNDERTAKER: John H. Tradewell — ADDRESS 1027 Pine St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16863

CERTIFICATE OF DEATH.

E 16863

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1128 E Lexington St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lenora Singleton

(a) RESIDENCE NO. 1128 E Lexington St. Ward New York.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: [illegible] Singleton

6 DATE OF BIRTH (month, day, and year): June 29 1865

7 AGE: Years 61 | Months 5 | Days 14 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Balto

PARENTS

10 NAME OF FATHER: James Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto City

12 MAIDEN NAME OF MOTHER: Julia Sales

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto City

14 Informant: Eden Merryweather

(Address): 1128 E Lexington St

15 Filed [illegible] 1926 G. THOMPSON JONES, M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 13 19 26

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1926, to Dec 13, 1926, that I last saw he alive on Dec 13, 1926, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. 4 mos. 28 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? Physical

What test confirmed diagnosis?

(Signed) [illegible], M. D.

12-13 1926 (Address) 508 Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel cemetery Date of Burial Dec 17 1926

20 UNDERTAKER: Milton Davis ADDRESS 316 N Eden St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16864

CERTIFICATE OF DEATH.

181-006

E 16864
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital 46-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary S. White

(a) RESIDENCE NO. 552 Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Nov 20 1866

7 AGE: Years 60 Months Days 24 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Milford Va

(State or country)

PARENTS

10 NAME OF FATHER B. Baynham

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER L. Jones

13 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

14 Informant: Daniel L. Baynham

(Address) 2031 Druid Hill Ave

Filed 1 7 1926, 19

C. HAMPSON JONES, M. D.
Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jurors' autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc. Gas Poisoning Hr.

(Duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(Duration) ..... yrs. ..... mos. ..... ds.

Signed G. C. Yates M. D.
(Coroner)

19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Milford Va — Date of Burial: Dec 17 1926

20 UNDERTAKER: Joe A Lewis — ADDRESS 409 N Mount St

Spec.–7-17-26—A Co.—200 Bks.

In Mongtlmyd 25 + 13 arclight

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16865

129

E 16865

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 347 Dr Schuster Ave St. 17 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M Morgan

(a) RESIDENCE NO. 347 Dr Schuster Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Morgan

6 DATE OF BIRTH (month, day, and year): March 11, 1842

7 AGE: Years 84 Months 9 Days 4

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER: Evan Morgan

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER: Sarah Elliott

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Md

14 Informant: Nathan Rutledge

(Address) 347 Dr Schuster Ave

15 Filed 1 7 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 30 1926, to Dec 15 1926,

that I last saw h[illegible] alive on Dec 15 1926,

and that death occurred, on the date stated above, at 1.25 P m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. W. Waltemeyer M.D.

12/15-1926 (Address) 401 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — Date of Burial Dec 18 1926

20 UNDERTAKER: H. Cook — ADDRESS 501 E Monument

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16866

CERTIFICATE OF DEATH.

31

E 16866

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 116 S. Exeter street ST. 13-1 WARD)

2-FULL NAME Edith Yoffe

(a) RESIDENCE No 116 S. Exeter St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Gabriel Yoffe

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 42 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Israel Judelowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Fagie Cohen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Jack Lewis

(Address) 1439 Eutaw

15 Filed 7 1926 C. HAMPSON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to Dec 16, 1926, that I last saw her alive on Dec 16, 1926 and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam + Pos. Sputum

(Signed) Jacob Cohen, M. D.

12/16, 1926 (Address) 223 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Herman Rosedale — DATE OF BURIAL: 12/17 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 Eutaw

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16867 Gath

CERTIFICATE OF DEATH.

90

E 16867

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 306 N. Lawrence St., 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosemary Gath

(a) RESIDENCE NO. 306 N. Lawrence St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 5 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15th 1884

7 AGE: Years 42 Months 5 Days 30 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Graduate Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Church Home

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Philip Gath

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara E Hunt

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Wilbur M. Carroll

(Address): Catonsville Md

15 Filed C 17 1926, 19

C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Coroner, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

(Signed) J C Guide M. D.

(Coroner)

(Address) 143 W Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial 12/17/1926

20 UNDERTAKER: Geo. Weber & Son ADDRESS 2503 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~E~~ 16868

1—PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... ST., 9-5 WARD)

REGISTERED NO. 90 E 16868

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Carrie Pratt

(a) RESIDENCE NO. 1300 Belmont Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Pratt

DATE OF BIRTH (month, day, and year) Nov. 21, 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	0	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St Marys Co Md

PARENTS

10 NAME OF FATHER Benj. Foxwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Marys Co. Md

12 MAIDEN NAME OF MOTHER Carrie Paul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co. Md

14 Informant Harper Pratt (Address) .....

15 Filed 1 7 1926 C. HAMPSON JONES, M. D. Registrar Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16 .1926. to Dec 17 .1926.

that I last saw her alive on Dec 17 .1926.

and that death occurred, on the date stated above, at 10.25 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Passive Congestion of Liver

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. A. Stamp Jones M. D.

(Address) 1300 Belmont Ave Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 12/17 1926

20 UNDERTAKER George & Ruth

ADDRESS 1735 Hanford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 16869

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16869

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 E. Chase ST. 7-2 WARD)

REGISTERED NO. 100281

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Rose French.

(a) RESIDENCE No. 1903 E. Chase ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Mar 20 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	✓	9	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore City

10 NAME OF FATHER John B. French

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Kath. Hollins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

Informant (Address) John B French 1903 E Chase St

Filed 7 1926 19 Per C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 13 19 to Dec 15 19 26

that I last saw her alive on Dec 15 19

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac Palpus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. J. Rysan M. D.

(Address) 802 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Dec 19 1926

20 UNDERTAKER Geo M. Frick & Son

ADDRESS 811 N Howard

E 16870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 16870

1 PLACE OF DEATH

REGISTERED No. C .....

CITY OF BALTIMORE (No. 2330 Orleans St. St. 6th WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Elizabeth Sachs

(Residence in Baltimore: No. 2330 Orleans St. St.; 71 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: September (Month) 13 (Day), 1855 (Year)

7 AGE: 71 yrs. 3 mos. ds. If LESS than 1 day, ... hrs. or .... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Dietrich Young

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward Sachs
(Address) 2330 Orleans St

15.
Filed ..... 191 HAMPSON JONES, M. D.
1 1926 By ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 13 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 1924, 191 . to. December 13 1926.
that I saw her alive on December 13, 1926.
and that death occurred, on the date stated above, at 11 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 5 yrs. mos. ds

Contributory (SECONDARY) Senile arteriosclerosis

(Duration) 9 yrs. mos. ds.

(Signed) Frank J. Ayd M. D.
Dec 14, 1926 (Address) 2005 E. Monument St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.
Where was disease contracted, if not at place of death?
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Oak Lawn Cem — DATE OF BURIAL: Dec 17, 1926

20 UNDERTAKER: Geo. E. Miller & Son — ADDRESS: 2534 Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

Mabus. ✓

E 16871 HEALTH DEPARTMENT—CITY OF BALTIMORE

102 E 16871

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S Smallwood ST. 20-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Bertha Mayhus

(a) RESIDENCE NO. 419 S. Smallwood ST. ..... WARD
(Usual place of abode)

Length of residence in city or town where death occurred 5-7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Phillip Mabus

6 DATE OF BIRTH (month, day, and year): Nov. 22 - 1840

7 AGE — Years: 86 — Months: — Days: 22 — If LESS than 1 day, ... hrs. or ... min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Emil Bahey (Address) 419 S. Smallwood St.

Filed DEC 17 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 14 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept 15, 1926, to Dec 14, 1926, that I last saw h. alive on Dec 14, 1926, and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard Kelly M. D.

(Address) 1022 W Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec. 17 1926

20 UNDERTAKER: George L. Schwab — ADDRESS: 2nd & Fredk. Ave.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 16872

CERTIFICATE OF DEATH.

E 16872

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., W-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Krieger

(a) RESIDENCE NO. 907 Reed Hill St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~ yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 29 1924

7 AGE: Years 2 Months — Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Krieger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Joseph Krieger

(Address) 907 Reed Hill ave

15 Filed 1 7 1926 C. HAMPSON JONES, M. D.

Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1926, to Dec 16, 1926, that I last saw him alive on Dec 16, 1926, and that death occurred, on the date stated above, at 4/1 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

2 (duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

Anemia (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? History, Sign, blood exam

(Signed) H. Victor Tilp, M. D.

12/16 1926 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel Cem Date of Burial 12/17 19 26

20 UNDERTAKER: Sol Linowitz & Bro ADDRESS 1127 E Balto St

Spec.—8-24-14—M. & T.—2000 Blks.

E 16873 HEALTH DEPARTMENT—CITY OF BALTIMORE 001 E 16873

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 578½ Greenmillon St. St.; 51 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Brown

(Residence in Baltimore: No. 578½ Greenmillon St St.; 31 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Widow

6-DATE OF BIRTH, ..., (Month) (Day) 1867 (Year)

7-AGE, 59 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country): Charles Co. Md

PARENTS.

10-NAME OF FATHER: Henry Ford

11-BIRTHPLACE OF FATHER (State or Country): Charles Co. Md.

12-MAIDEN NAME OF MOTHER: Jane Harris

13-BIRTHPLACE OF MOTHER (State or Country): Charles Co, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mary E. Roberts

(Address) 826 George St

15- Filed ..... 191.. C. HAMPSON JONES, M. D. Registrar.

C 17 1926 Pct

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, 12 (Month) -15- (Day), 1926. (Year)

17- I HEREBY CERTIFY, That I attended deceased from 12-13-26 191.., to 12-15-26 191.., that I saw h Cr alive on " 191.., and that death occurred, on the date stated above, at 8P .m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) .....yrs. .....mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. 3 mos. .....ds.

(Signed) F. N. Cardozo M. D.

12-16-26 191.. (Address) 1524 Druid Hill Ave,

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Mt Auburn Cem — DATE OF BURIAL, Dec 17, 1926

20-UNDERTAKER Wand Eastern — ADDRESS 716 Pa ave

...—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16874

CERTIFICATE OF DEATH.

E 16874

5/88-003

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sydney Sherwood.

(a) RESIDENCE NO. 2131 North Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Smith Sherwood

6 DATE OF BIRTH (month, day, and year) April 22, 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Wm. Sherwood

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Georgina Day

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

14 Informant Agnes Smith Sherwood

(Address) 2131 N. Calvert St.

Filed 12-9-25 C. HAMPSON JONES, M. D.

17 1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

1. Fracture of Base
2. Auto accident

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [signature] M. D.

12/16, 1926 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Druid Ridge Cemetery	Dec. 17, 1926

20 UNDERTAKER	ADDRESS
John P. Mitchell	1910 Eutaw Place

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16875

E 16875

CERTIFICATE OF DEATH.

74-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 S. Patterson Park Ave-1 ST., ... WARD)

2-FULL NAME John W. Baudel

(a) RESIDENCE No. 20 S. Patterson Park Ave. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1. 1836

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	90	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John W. Baudel

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Evelin Andrews

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant John W. Baudel
(Address) 324 N. Charles St.

15 DEC 7 1926 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1926, to Dec. 16, 1926.

that I last saw h alive on Dec 15, 1926.

and that death occurred, on the date stated above, at 7 A.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos 20 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C B Britton, M. D.

, 19 (Address) 3316 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Dec. 18 1926

20 UNDERTAKER John C. Littlefield ADDRESS 2201 N. Fayette St.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16876

REGISTERED NO. 179 E 16876

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hospital St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Scott

(a) RESIDENCE NO. 602 N. Pond St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Scott

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Tenn

PARENTS

10 NAME OF FATHER John Scott

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) "

14 Informant Sarah Hill (daughter)

(Address) 1013 E. Monument

15 Filed 1 7 1926 G. Lawson Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental burns-clothes caught fr gas heating stove in her residenc on dec 15/25

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Watts, M. D. (Coroner)

12/19/25 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leakin Park Date of Burial Dec 18 1925

20 UNDERTAKER: Harold Easton ADDRESS 916 Pk Ave

Spec.—5-19-13—M. & T.—500 Bks.

E 16877 HEALTH DEPARTMENT—CITY OF BALTIMORE 118-001 E 16877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Md REGISTERED No. C

CITY OF BALTIMORE: (No. 8084 Bond ST.; N-1 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Walthall

(Residence in Baltimore: No. 8084 Bond St St.; yrs. 5 mos. wk ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, November 5, 1926 (Month) (Day) (Year)

7-AGE, yrs. 5 mos. 10 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none

9-BIRTHPLACE, (State or Country), Baltimore

PARENTS:

10-NAME OF FATHER, Andrew Walthall

11-BIRTHPLACE OF FATHER (State or Country), born in Va

12-MAIDEN NAME OF MOTHER Alice Parkham

13-BIRTHPLACE OF MOTHER (State or Country), born in Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) by mother Alice Parkham

(Address) 1808 N Bond St

15- DEC 17 1926 HAMPSON JONES, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1926, to Dec 15 1926, that I saw him alive on 12-15- 1926, and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Entero-Colitis

(Duration) 2 Weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) Umbilical Hernia

(Duration) yrs. mos. ds.

(Signed) W. R. Hopkins M. D.

12/16/26 (Address) 1618 Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Laurel Cem DATE OF BURIAL, Dec 17, 1926

20-UNDERTAKER Harr R A Elliott ADDRESS 1725 Ashland Ave

Spec.—12-9-25—A Co.—200 Blks.

E 16878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16878

100-081

CERTIFICATE OF DEATH.

113

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 417 E. Preston St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M. Schellenberger

(a) RESIDENCE NO. 417 E. Preston St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Schellenberger

6 DATE OF BIRTH (month, day, and year) December 24th. 1860.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George J. Schellenberger

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Wechterley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Miss Schellenberger.

(Address) 417 E. Preston St.

Filed 19

C. HAMPSON JONES, M. D. Registrar

1 7 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 15th. 1926. 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st 1926 to Dec 15th 1926

that I last saw h im alive on Dec 15th 1926

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia ..... (duration) 7 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Nephritis (duration) 1 yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) H. L. Saunders, M. D.

. 19 (Address) 719 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery. Date of Burial 12/18 1926

20 UNDERTAKER Chas. P. Maus & Son ADDRESS 1180 W. Baltimore

Spec.—1-12-23—M&T—500 Blks.

E 16879 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16879

X101-007

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 W. Henrietta ST. 23-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dierson Sulton

(a) RESIDENCE No. 223 W. Henrietta ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col-

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Sulton

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 39 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kingstree S. Carolina.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Emma Sulton

(Address) 223 W Henrietta

15 Filed 1-7 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/14 19 26

17 I HEREBY CERTIFY, That I attended deceased from 12/2 , 19 26 , to 12/14 , 19 26 ,

that I last saw him alive on 12/14 , 19 26 ,

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 15 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? none

(Signed) David Francklin M. D.

12/15 19 26 (Address) 122 W Lee St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kingstree S C

DATE OF BURIAL: 12/17 1926

20 UNDERTAKER: Leon Hall

ADDRESS: Dolphin

Spec.—12-9-25—A Co.—200 Bks.

16880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 16880

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Jones

(a) RESIDENCE NO. 401 Lemmert St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Jones

6 DATE OF BIRTH (month, day, and year) March 15 1881

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Gloster County

(State or country) Virginia

PARENTS

10 NAME OF FATHER Randolph Small

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Verona Fleet

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Laurence Hewlins

(Address) 425 N. Central Ave

Dec 7 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 1926, to Dec 15, 1926, that I last saw h[illegible] alive on Dec 15, 1926, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

1 Chronic Myocarditis

Chronic Interstitial Nephritis

Arteriosclerosis

(duration) yrs. 3 mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leo J. Allen, M. D.

Dec 15 1926 (Address) 508 Lemmert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. Date of Burial Dec 18 1926

20 UNDERTAKER Wm J. G. Locke ADDRESS 1302 Jefferson

Spec.—1-10-21—M&T—1500 Bks.

(Mary Gina)

E 16881 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. S. Church ST., (Curtis Bay) WARD) REGISTERED NO. 125-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gina.

(a) RESIDENCE NO. S. Church ST., (Curtis Bay) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 30 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married.

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Anton Gina

6 DATE OF BIRTH (month, day, and year) Sept. 8- 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) House Work

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Bohemia.

PARENTS

10 NAME OF FATHER John Vrosofal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia.

12 MAIDEN NAME OF MOTHER Ant Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Emma Kolek. (Address) Curtis

Filed DEC 17 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1926, to Dec. 16, 1926.

that I last saw her alive on Dec. 14, 1926

and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Left Hemiplegia.

4

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Scott M. D.

Dec. 16 1926 (Address) 816-Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	Dec 18 1926
20 UNDERTAKER Frank Erochson	ADDRESS 1900 Wilkens

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16882

E 16882

CERTIFICATE OF DEATH.

1857

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. ST Joseph Hospital St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert ~~[illegible]~~ R. Hajek

(a) RESIDENCE NO. 810 N. Durham St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Hejack

6 DATE OF BIRTH (month, day, and year) May 8/1891

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	35	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Garbage Collector

(b) General nature of industry, business, or establishment in which employed (or employer) City Baltimore

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Joseph Hajek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Kucera

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Elizabeth Hejek

(Address) 810 N. Durham St

15 Date received 1926 C. HAMPSON JONES, M. D. Registrar

By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15/26

5 A M

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Delirium Tremens

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Left S cro-iliac Strain

Accident on Dec 1 /26 (duration) ..... yrs. ..... mos. 4 ds.

(Signed) [illegible] M. D.

(Coroner)

12/18/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem Date of Burial 1926

20 UNDERTAKER Frank Cowperthwait ADDRESS 1906 Maryland

Spec.—12-9-25—A Co.—200 Bks.

E 16883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49

E 16883

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hosp St. 19-6 Ward)

2-FULL NAME Julian L. White

(a) RESIDENCE NO. 800 Reservoir St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude White

6 DATE OF BIRTH (month, day, and year) Nov. 28 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Credit Mngr.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md.

PARENTS

10 NAME OF FATHER Isaac White

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Esther Bergman

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany.

14 Informant Mrs. L. Rosenthal

(Address) 119 Mercer Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12-17-1926

17

I HEREBY CERTIFY, That I attended deceased from Aug 22 1926 to Dec 17, 1926, that I last saw h.. alive on Dec 17, 1926 and that death occurred, on the date stated above, at 12:20 P.M.

The CAUSE OF DEATH* was as follows:

Neoplasm of pancreas
+ metastases

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Surgeon, organ, autopsy

(Signed) D. Arthur Lurie, M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Beth Shalom Cem 12/19/26

20 UNDERTAKER — ADDRESS

Harry Sonnheim 115 20th St. Royal Ave

1926 C. HAMPSON JONES, M. D. Registrar

Per _____

Spec.—12-9-25—A Co.—200 Bks.

(Schneider)

HEALTH DEPARTMENT—CITY OF BALTIMORE

16884

CERTIFICATE OF DEATH.

118-001 E 16884

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 2843 Penna. Av St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Estella D. Schneider

(a) RESIDENCE NO. 2843 Penna. Av St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred? 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of Augustus Schneider

6 DATE OF BIRTH (month, day, and year): July 10th 1877

7 AGE — Years: 49 — Months: 10 — Days: 7 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Henry C. Cook

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ger.

12 MAIDEN NAME OF MOTHER: Eliz. Hoof

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto Md

14 Informant: A. Aug. Schneider

(Address): 2843 Penna. Av.

15 Filed: 7 1926 Per_____ Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 17th 1926

17 I HEREBY CERTIFY, That I attended deceased from May, 1926, to Dec 17th 1926, that I last saw h[illegible] alive on Dec. 17th 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows: Failing heart Mit. Ins. Hypostasis & dropsy. Following Chronic Bronchitis duration ..... yrs. 8 mos. ..... ds.

CONTRIBITORY (Secondary) Arteriosclerosis duration ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Schmidt, M. D.

12/17, 1926 (Address) 1605 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial: Dec 20, 19 26

20 UNDERTAKER: Robert S. Tuttle — ADDRESS: 2 Bloomsbury

Spec.—1-10-21—M&T—1500 Blks.

16885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 16885

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Ashland Ave ST. 10-V WARD)

2-FULL NAME Margaret Keys.

(a) RESIDENCE NO. 811 Ashland Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] March 1872

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Keys.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: [illegible] March 1872

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Walter Holt

(Address) 1623 Lemmon Hill

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16-1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1926, to Dec 14, 1926.

that I last saw her alive on Dec 14, 1926,

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Ch Nephritis (Interstitial)

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. H. Holtzmeier M. D.

(Address) 733 Acquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	12/18/26

20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1920 Ashland Av.

Spec.—1-19-21—M&T—1500 Bks.

16886 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16886

CERTIFICATE OF DEATH. 476

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Belair Road ~~ST.~~ 8-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate G Sauner

(a) RESIDENCE NO. 2511 Belair Road ~~ST.~~, ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos., ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard F Sauner

6 DATE OF BIRTH (month, day, and year) Jan 30, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Demitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 ~~Informant~~ (Address) Howard F Sauner 2511 Belair Road

15 1926 C. HAMPSON JONES, M. D. 1926 Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1926, to Dec 17, 1926, that I last saw her alive on Dec 16, 1926, and that death occurred, on the date stated above, at 730 a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? x

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Fearlers Sal

(Signed) V Dan Williams, M. D.

, 19 (Address) 601 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Conn DATE OF BURIAL Dec 20 1926

20 UNDERTAKER Wilbur Cook ADDRESS 507 E Madison

Spec.—1-10-21—M&T—1500 Blks.

E 16887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16887

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Colonial Hospital ST. 22-1 WARD)

REGISTERED NO. 41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bearnard A. Jones

(a) RESIDENCE NO. 418 S. Sharp St ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hannah A Jones

6 DATE OF BIRTH (month, day, and year) Sept 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gen'l Labor

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Locke

9 BIRTHPLACE (city or town) (State or country) N. C

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Adam Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C

14 Informant Wm E Jones

(Address) 604 Hackle ave

15 Filed 9 1926 (C. NAWSON JONES, M. D.) Registrar

Per RFP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-1926

17

I HEREBY CERTIFY, That I attended deceased from 11-7-, 1926, to 12-17, 1926.

that I last saw him alive on 12-17, 1926.

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia

(duration) yrs. 1 mos 18 ds.

CONTRIBUTORY (Secondary) Impacted tooth

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-16-26 Extracting tooth

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) J. Hall a MD, M. D.

12/17, 1926 (Address) 1122 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Virgilina, Va

DATE OF BURIAL Dec 18 1926

20 UNDERTAKER W. H. Cook

ADDRESS 502 E Baltimore

Spec. 7-17-26—A Co.—200 Bks.

E 16888

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16888

CERTIFICATE OF DEATH

47

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 912 Harford Ave St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie N. Rifkin

(a) RESIDENCE NO. 912 Harford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

5a If married, widowed, or divorced (or) WIFE of the late M. H. Rifkin.

6 DATE OF BIRTH (month, day, and year) Not Stated

7 AGE: Years 52 Months — Days —

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Silberzahn

11 BIRTHPLACE OF FATHER (City or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Stein

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs. Theresa Rifkin

(Address) 912 Harford Ave

Filed 8 1926 19

C. HAMPSON JONES, M. D. (Registrar)

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1926, to Dec 17, 1926

that I last saw her alive on Dec 14, 1926

and that death occurred, on the date stated above, at 6 30 a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov. 1924

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Wm. F. Lance M. D.

1217, 1926 (Address) St Paul & Preston Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — Date of Burial: Dec. 20 1926

20 UNDERTAKER: Henry Stock & Son — ADDRESS: 1301 E Eager St

Spec.—1-12-23—M&T—500 Blks.

E 16889 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16889

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. ST. 27-11 WARD) 101-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Mrs.~~ Benedict Eder

(a) RESIDENCE NO. ~~10 Hagley Ave~~ 3 Hagley Ave, Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura V. Eder

7 DATE OF BIRTH (month, day, and year): July 15th 1874

8 AGE: Years 52 Months 5 Days 1 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bethlehem Steel Co.

10 BIRTHPLACE (city or town) (State or country): Balto. Maryland

PARENTS

16 NAME OF FATHER: Francis J. Eder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Mary C. Franz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: J. William Eder

(Address) 1814 N. Bond St.

15 Filed DEC 8 1926, 19 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13th, 1926, to Dec. 16, 1926, that I last saw h[illegible] alive on Dec. 16, 1926, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardiac Failure (Myocarditis)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. L. McAnally, M. D.

, 19 (Address) Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Dec. 20 1926

20 UNDERTAKER: Fred'k Lassahn & Son — ADDRESS: Fullerton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16890

CERTIFICATE OF DEATH.

114

E 16890

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Wheaton ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Talbert

(a) RESIDENCE NO. 1314 Wheaton Court ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Talbert

6 DATE OF BIRTH (month, day, and year) March 7-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

PARENTS

10 NAME OF FATHER Jno. Talbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E Steward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rachel Talbert (Address) 1314 Wheaton

15 Filed DEC 8 1926, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to Dec 17, 1926, that I last saw h[illegible] alive on Dec 17, 1926, and that death occurred, on the date stated above, at 8 40 A m.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) - yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? - Date of -

Was there an autopsy? -

What test confirmed diagnosis? -

(Signed) H. N. Fletcher M. D.

12/27/1926 (Address) 1205 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Dec 20 1926

20 UNDERTAKER Samuel N. Gladstone

ADDRESS 1400 W Baltimore

Cor.—12-9-25—A Co.—200 Bks.

E 16891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16891

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

City of BALTIMORE: (No. 203 N. Carey St. 16-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George N. Fisher

(a) RESIDENCE NO. 203 N. Carey St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 30 1848

7 AGE: Years 78 | Months 1 | Days 15 | IF LESS than 1 day .....hrs. or .....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Custom House Inspector

(b) General nature of industry, business, or establishment in which employed (or employer): ditto

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER William Fisher

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Scotland

12 MAIDEN NAME OF MOTHER Elizabeth Rainey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Scotland

14 Informant Sadie Eckert

(Address) 1036 Cross St.

DEC 18 1926

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Thos. B. Hatton M. D.

(Coroner)

Dec 16 1926 Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Dec 18 1926

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St.

Spec.—1-12-23—M&T—500 Blks.

E 16892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16892

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Riverside ST., 24-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Elizabeth Thorney

(a) RESIDENCE NO. 1501 Riverside ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John T Thorney

DATE OF BIRTH (month, day, and year) 1-18-1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Jos. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

PARENTS

Informant (Address) John T Thorney 1501 Riverside

Filed DEC 1926 C. HAMPSON JONES, M. D. Registrar

Per RRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1926, to Dec 17, 1926.

that I last saw her alive on Dec 16, 1926

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 6 mos 10 ds

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

(Address) 1 E Randall Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL 12/20/1926

20 UNDERTAKER J. Fen McCully — ADDRESS 130 E. Fort

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 16893 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16893

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1811 W. Fulton Ave ~~ST.~~ WARD) 15-12 89

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Foley.

(a) RESIDENCE. No. 1811 W. Fulton Ave ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: the Late Patrick Foley.

6 DATE OF BIRTH (month, day, and year): May 6th, 1846

7 AGE: Years 80 Months 7 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: Thomas Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Gorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Daughter (Address): Mary A. Foley

Filed DEC 8 1926

C. HAMPSON JONES, M. D. Registrar

Per RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 1926

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1926, to Dec. 17 1926,

that I last saw her alive on Dec. 17 1926,

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Angina pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Frederick Lantz, M. D.

12/18 1926 (Address) Temple Garden Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Dec. 20, 1926
20 UNDERTAKER	ADDRESS
Martin Foley & Sons.	1827 W. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16894

E 16894

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 16-1 WARD) 161-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Parsons

(a) RESIDENCE NO. 3100 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-16-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
12-16-26 one day				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Ed Parsons

11 BIRTHPLACE OF FATHER (city or town) (State or country) not given

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Ed Parsons
(Address) 3100 Baker St

15 8 1926 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1926, to Dec. 17, 1926,

that I last saw her alive on Dec. 17, 1926,

and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Frank breech c breech extraction (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dudley P. Bowe, M. D.

12/17, 1926 (Address) 907 - N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 12/18 1926

20 UNDERTAKER W. B. Manning Son — ADDRESS 5478 Belair Rd

Cor.—12-9-25—A Co.—200 Bks.

MICHALINE RYCHWALSKA,

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16895

CERTIFICATE OF DEATH.

E 16895

1-PLACE OF DEATH

City of BALTIMORE: (No. 502 S. Potomac St 1-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mechalina Rychwalska

(a) RESIDENCE NO. 502 S Potomac St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Rychwalska

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer 0

9 BIRTHPLACE (city or town).....

(State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Poland

14 Informant Elizabeth Wiesner

(Address) 502 S. Potomac

15 Dec 19 26 Registrar

1079

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably arterio-Sclerosis

(duration) 1 yrs. mos. ds.

(Signed) James M Benton M. D.

(Coroner)

12/17 1926 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus. Date of Burial Dec. 20. 1926.

20 UNDERTAKER M. J. Sadowski ADDRESS 705 S. Ann St

Cor.—12-9-25—A Co.—200 Bks.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16896

CERTIFICATE OF DEATH.

100,001

E 16896

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No. 1512 Brunt St. West 14-1 Ward)

2-FULL NAME Nathaniel Brunt West

(a) RESIDENCE NO. 1512 Brunt St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of mrs mary west.

6 DATE OF BIRTH (month, day, and year) Feb 14, 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer gdo

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) _____

(State or country) Fauquier Co Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) —

14 Informant mrs mary west

(Address) 1512 n Brunt st

15 Dec 18 1926 C. HARRISON JONES, M. D.

Per RPW Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, aufind that said deceased came to his death (topsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 7 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. C. Hall, M. D.

(Coroner)

12-17-26 (Address) 143 E 1st Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery

Date of Burial Dec 18 1926

20 UNDERTAKER mrs Jas. H. Dennis

ADDRESS 1303 Presstman st.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16897

CERTIFICATE OF DEATH.

101-001

E 16897

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 222 N. Vincient St. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Hebron

(a) RESIDENCE NO. 222 N. Vincent St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Nov 9, 1894

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): md

PARENTS

10 NAME OF FATHER: Henry Hebron

11 BIRTHPLACE OF FATHER (city or town)

(State or country): md

12 MAIDEN NAME OF MOTHER: Harriett Carroll

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): md

14 Informant: Lura Matthews.

(Address): Ewal md.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 16 — 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 19 26, to Dec 16, 19 26, that I last saw h[illegible] alive on Dec 13, 19 26 and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Bilateral

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible] place yes

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Adelle G. Dockey, M. D.

, 19 (Address) 632 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: arbury cemetery Jarrup Md

Date of Burial: Dec 19 19 26

20 UNDERTAKER: Mrs James H. Dennis

ADDRESS: 1303 Pressman St

Spec.—12-9-25—A Co.—200 Blks.

Emil Boersch ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

E 16898

CERTIFICATE OF DEATH.

E 16898

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 1-4 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emil Boersch

(a) RESIDENCE NO. 3107 Elliott St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Liggie Boersch

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	~	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Work~~ Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Singer Sewing

(c) Name of employer Machine Co 066

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER Albert Boersch.

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emilia —

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant City Hospital Records

(Address)

8 1926 C. 19 C. CLAYSON JONES, M. D. RKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 15 1926

17

I HEREBY CERTIFY, That I attended deceased from December 10, 1926, to December 15, 1926, that I last saw him alive on December 15, 1926, and that death occurred, on the date stated above, at 2-15 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver

Chronic Myocarditis & Incompetency

Genital anasarca

(duration) ...yrs. ?...mos. ...ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ...yrs. ...mos. 2 ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Dec 15 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — Date of Burial 12/18 1926

20 UNDERTAKER Philip Hennig — ADDRESS 2016 Orleans

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16899

CERTIFICATE OF DEATH.

47 E 16899

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 14 N. 11 St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Boersch

(a) RESIDENCE NO 3109 Elliott St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Emil Boersch

6 DATE OF BIRTH (month, day, and year): Dec 22/72

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	53	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): _____

(State or country): Md City

PARENTS

10 NAME OF FATHER: Jacob Warner

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Del.

12 MAIDEN NAME OF MOTHER: Katherine

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Del

14 Informant: Mrs Ida Hofstetter

(Address): 14 N. 11th St

15 Filed _____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 16/26

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1926, to Dec. 16, 1926, that I last saw her alive on Dec 1, 1926, and that death occurred, on the date stated above, at 12.50 A.M.

The CAUSE OF DEATH* was as follows:

Extensive Carcinoma of breast

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): None

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? At her home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Exam. & symptoms

(Signed) Robt E. Frick, M. D.

19 (Address) 1418 Eutaw Place, City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 12/18 1926

20 UNDERTAKER: Philip Herrig — ADDRESS 2016 Orleans St

Spec.—1-12-23—M&T—500 Bks.

E 16900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16900

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 9 ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Finke

(a) RESIDENCE NO. 2718 Alameda ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mazie Finke

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auditor for Gen'l

(b) General nature of industry, business, or establishment in which employed (or employer) Gen'l Baking Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Frank A.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del.

12 MAIDEN NAME OF MOTHER Annie H.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant Mazie Finke

(Address) 2718 Alameda Boulevard

15 8 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1926, to Dec 17, 1926, that I last saw him alive on Dec 17, 1926 and that death occurred, on the date stated above, at 2:50 a m.

The CAUSE OF DEATH* was as follows:

Appendicitis with Peritonitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of Dec 12-26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) Clement R. Morrow, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	12/20/1926
20 UNDERTAKER Philip Henry	ADDRESS 2016 Orleans St.

Spec.—1-12 23—M&T—500 Bks.

E 16901 (8 83)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 16901

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ... St. 17-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Blake

(a) RESIDENCE No. 1133 Myrtle Ave ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Richmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rebecca Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Peter do
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 8 1926 C. HAMPSON JONES, M. D.
By ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1926, to Dec 15, 1926, that I last saw him alive on Dec 15, 1926, and that death occurred, on the date stated above, at 3 20 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Heart Failure

(duration) 1 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Syphilis (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Louis E. Martin, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12/19 1926
20 UNDERTAKER Samuel T Hensley	ADDRESS 78 N Eddlet

Spec.—1-10-21—M&T—1500 Bks.

E 16902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

12 E-16902

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 802 W. Barre ST. (WARD) 24-3

2-FULL NAME Leah Waldar Hartley

(a) RESIDENCE. NO. 802 W. Barre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Hartley

6 DATE OF BIRTH (month, day, and year): Jun 25 1870

7 AGE: Years 56 Months 10 Days 22 If LESS than 1 day, ...hrs or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hancock md

PARENTS

10 NAME OF FATHER: Charles Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Louisa Hedrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: William H. Hartley (Address) 802 W. Barre

15 Filed 1 8 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 17, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1919, to Dec 18, 1926.

that I last saw her alive on Dec. 17, 1926

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Interstitial Nephritis 5yr

" Endocarditis 5 yr.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary Microscopical Exam

(Signed) J. McDiett M. D.

(Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hancock md — DATE OF BURIAL: Dec 20 1926

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 217 S. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 16903

CERTIFICATE OF DEATH.

E 16903

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 100 Gwinn Ave 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Ziff

(a) RESIDENCE NO. 100 Gwinn Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced. (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 18 26

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
				12 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hsd

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER Abe Ziff.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Jane Goodelf

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

14 Informant Mrs Jane Ziff

(Address) 100 Gwinn Ave

15 Filed ..... 19..... Registrar

C 19 1520

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 26 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1926, to Dec 18 1926, that I last saw h[illegible] alive on Dec 18, 1926, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

6 3/4 Mo Foetus

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Ashmead, M. D.

12/18, 1926, (Address) 1605 W North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — Date of Burial 12/19 19 26

20 UNDERTAKER: Jack Levin — ADDRESS 1439 E Balt St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16904

CERTIFICATE OF DEATH.

44 E 16904

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Schroeder ST., 18-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Silver

(a) RESIDENCE NO. 507 N. Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., If of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Silver

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Anna Silver (Address) 507 N. Schroeder

15 Filed DEC 19 1926 HERMAN JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17 1926

17 I HEREBY CERTIFY, That I attended deceased from May, 1924, to Dec. 17, 1926

that I last saw him alive on Dec. 17, 1926

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. (?) mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) Isidore J. Lewis, M. D.

12/19/26 (Address) 2036 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — DATE OF BURIAL 12/19 1926

UNDERTAKER Jack Lewis — ADDRESS 1834 E. Baltimore

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16905

CERTIFICATE OF DEATH.

28-2 124

REGISTERED NO. E 16905

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Norwood Avenue ST. 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Pugh

(a) RESIDENCE NO. 3512 Norwood Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Andrew Pugh

6 DATE OF BIRTH (month, day, and year) Oct. 5, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

PARENTS

10 NAME OF FATHER William Mansfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Jane Bond

13 BIRTHPLACE OF MOTHER (city or town) Cowenton (State or country) Baltimore County, Md.

14 Informant Mrs. James E. Givan

(Address) 3512 Norwood Avenue

15 Filed , 19 Per Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov-16, 1926, to Dec 17, 19 6, that I last saw her alive on Dec 17, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Aortic insufficiency

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettigrew, M. D.

, 19 (Address) 817 Hamilton Terrace

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec. 20, 26

20 UNDERTAKER Joseph B Cook ADDRESS 1003 Baltimore

12-16-26

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16906

CERTIFICATE OF DEATH.

12-9 E 16906

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33d & Calvert ST. 12-6 WARD)

2-FULL NAME Mrs Leon C. Haugh (Edna M)

(a) RESIDENCE NO. 207 E. Lanville ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Leon C. Haugh

6 DATE OF BIRTH (month, day, and year): Feb. 24, 1886

7 AGE: 40 Years | Months 10.0 | Days 9 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Vernan Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary I. Benson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Union Memorial Hospital 33rd & Calvert Sts.

15 Filed DEC 19 1926 By C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 17 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1926, to Dec. 17, 1926,

that I last saw him alive on Dec. 17, 1926,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 5 mos. 17 ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency (duration) yrs. 4 mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. W. S. Hannah, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Dec. 21 1926

20 UNDERTAKER: Copp & Cook

ADDRESS: 1003 W. Balto St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 16907
1-PLACE OF DEATH

E 16907
REGISTERED NO.

CITY OF BALTIMORE: (No. Holel Albion Cathedral ST. 11-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Miller Chatard

(a) RESIDENCE NO. Hotel Albion Cathedral ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 6 mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ferdinand E. Chatard

6 DATE OF BIRTH (month, day, and year): June 11th 1847

7 AGE — Years: 79 — Months: 6 — Days: 7 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Boston Mass

12 MAIDEN NAME OF MOTHER: Sarah Michle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: J. H. Chatard
(Address): 130 a Calvert St

15 Filed DEC 19 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18th 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1923, to Dec 18th, 1926, that I last saw h[er] alive on Dec 18th, 1926 and that death occurred, on the date stated above, at 8 30 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary): Arterio-Sclerosis Hypertension

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) J. H. Chatard, M. D.

Dec 18, 1926 (Address) 130 a Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Dec 20 1926
20 UNDERTAKER: Henry H Jenkins Sons Co	ADDRESS: Orchard and Cathedral Sts

Spec.—1-12-23—M&T—500 Blks.

Dr Fillmore

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16908

CERTIFICATE OF DEATH.

90 E 16908

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Ellwood ST. | 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Rozanski

(a) RESIDENCE NO. 1103 Ellwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Rozanski

6 DATE OF BIRTH (month, day, and year) August 4 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Ford

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Jarosl Rozanski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Wolta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Rose Rozanski

(Address) 1103 Ellwood ave

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17 1926

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1923, to Dec 17, 1926, that I last saw him alive on Dec 17, 1926, and that death occurred, on the date stated above, at 1:50 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B Fitton, M. D.

12/18, 1926 (Address) 2211 E. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	12/21 1926

20 UNDERTAKER	ADDRESS
Kendall Riffle & Son	378 N

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16909
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 16909
REGISTERED NO.

CITY OF BALTIMORE: (No. 515 Albemarle ST. 3-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Lancione

(a) RESIDENCE NO. 515 Albemarle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Lancione

6 DATE OF BIRTH (month, day, and year) March 12 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tow Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Stephen Lancione

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Antonia Lancione

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Nora Lancione
(Address) 515 Albemarle

15 Filed DEC 31 1926 19 Per K.A. Registrar

C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 16 19 26

17

I HEREBY CERTIFY, That I attended deceased from December 16, 19 26, to December 16, 19 26,

that I last saw h[illegible] alive on December 16, 19 26,

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 1/2 hour ds.

CONTRIBUTORY (Secondary) Unknown,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine D. M. D.

12, 19 27 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec 29 19 26
20 UNDERTAKER	ADDRESS
Wendelboe Bros	321 N. [illegible]

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001

E 16910

CERTIFICATE OF DEATH.

E 16910

1-PLACE OF DEATH

City of BALTIMORE: (No. 2004 Boone St., 4-4 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Reed.

(a) RESIDENCE NO. 2004 Boone St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah E. Reed.

6 DATE OF BIRTH (month, day, and year) Sept. 15 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Bus.

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Self.

9 BIRTHPLACE (city or town) W. Va.

(State or country)

PARENTS

10 NAME OF FATHER James T. Reed.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Mary E. Barnhart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va

14 Informant Mr. John S. Reed

(Address) 2004 Boone St.

Filed DEC 19 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1926, to Dec 17, 1926, that I last saw him alive on Dec 16, 1926, and that death occurred, on the date stated above, at 6.40 A.M.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

complete right hemiplegia

(duration) .....yrs. .....mos. 14 ds.

CONTRIBUTORY

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? .....Date of.....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Hyde, M. D.

12/18 1926 (Address) 1100 E. Northam

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. Date of Burial Dec 20 1926

20 UNDERTAKER Wm. Tickner & Sons. ADDRESS North & Pa

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16911

CERTIFICATE OF DEATH.

90

REGISTERED NO. E 16911

1-PLACE OF DEATH

City of BALTIMORE: (No. 1508 Jackson St. 24-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Levi Harvey

(a) RESIDENCE NO. 1508 Jackson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Harvey

6 DATE OF BIRTH (month, day, and year) Nov 28 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) a.a.Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Zachariah Harvey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Wm H. Creighton

(Address) 1508 Jackson St.

15 Filed 19 C. KEMPSON JONES, M. D.

DEC 19 1926 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 19 26, to Dec 17, 19 26, that I last saw him alive on Dec 17, 19 26, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(duration) yrs. mos. ds.

If Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Street, M. D.

12/21, 19 26 (Address) 446 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Spleidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodlawn Height, a a Co	Dec 19 26
20 UNDERTAKER Wm Pickner Sons	ADDRESS North & Pa

Spec.—1-12-23—M&T—500 Bks.

E 16912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1926 E 16912 + 91-0037 E 16912

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 9-1 WARD)

2-FULL NAME William Weitzel

(a) RESIDENCE No. 1354 W St S.E. Wash, D.C. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of =

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Formerly a Planner

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) Wash, D.C. (State or country)

PARENTS

10 NAME OF FATHER Conrad Weitzel

11 BIRTHPLACE OF FATHER (city or town) D.C (State or country)

12 MAIDEN NAME OF MOTHER Minna Kuth

13 BIRTHPLACE OF MOTHER (city or town) D.C (State or country)

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1926 19 C. HARRISON JONES, M.D. Per R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1926, to Dec. 18, 1926, that I last saw him alive on Dec. 18, 1926, and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Thrombangiitis obliterans
Pulmonary infarct

(duration) 7 yrs. ..... mos ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Dec. 17, '26

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Fremont Lee, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn, Md.	Dec. 19 1926
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

Spec.-7-17-26—A Co.—200 Bks.

E 16913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 31 E 16913

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 4516 Eastern Ave. St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Snyder

(a) RESIDENCE NO. 4516 Eastern Ave St. Ward Penna.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice R. Snyder.

6 DATE OF BIRTH (month, day, and year) Jan. 25-1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	41	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of indostry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Phila.

(State or country) Pa.

PARENTS

10 NAME OF FATHER Charles H. Snyder.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Penn.

12 MAIDEN NAME OF MOTHER Savanna Westcott

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New Jersey

14 Informant Alice R. Snyder.

(Address) 4516 Eastern Ave.

15 Filed ..... 19 .....

By ..... Registrar

1 11 26

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1926.

17 I HEREBY CERTIFY, That I attended deceased from Oct 9th, 1926, to Dec 16th, 1926, that I last saw him alive on Dec 16th, 1926 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Tod M. D.

, 19 (Address) 5103 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cem.	Dec. 19 1926

20 UNDERTAKER Lilly and Zeile ADDRESS 403 S. Wolfe St

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16914

CERTIFICATE OF DEATH.

101-201

E 16914

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3503 E. Fairmount ave St., 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth T. Behr.

(a) RESIDENCE NO. 3503 E. Fairmount ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gerard H. Behr

6 DATE OF BIRTH (month, day, and year) April 20-1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Adam Benhoff.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Gaff.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Gerard H. Behr.

(Address) 3503 E. Fairmount ave.

15 Filed DEC 19 1926

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec. 16-1926.

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1926, to Dec 16, 1926, that I last saw h.e alive on Dec 16, 1926, and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Suspected Sign of Pneumonia

(Signed) A. T. Smoke, M. D.

, 19 (Address) 3015 Elwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cem. Dec.	20th 1926
20 UNDERTAKER	ADDRESS
Lilly & Zeiler.	403 S Wolfe St.

Spec.—12-9-25—A Co.—200 Bks.

E 16915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16915

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Buttner

(a) RESIDENCE NO. 248 Harrison St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Adam Buttner

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant City Hospital Records

(Address)

DEC 19 1926

Date ..... HARRY JONES, M. D.

per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 1926

17

I HEREBY CERTIFY, That I attended deceased from November 8, 1926, to December 17, 1926, that I last saw him alive on December 17, 1926, and that death occurred, on the date stated above, at 4-20 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis

Chronic Myocarditis & Insufficiency

(duration) ____ yrs. 2 mos. ____ ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted

if not at place of death

Did an operation precede death? no Date of ____

Was there an autopsy? yes

What test confirmed diagnosis? gross & laboratory

(Signed) R Harper Jones, M. D.

Dec. 18 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn	12/20 1926

20, UNDERTAKER Philip Henry ADDRESS 2016 Orleans St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16916

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

129 E 16916

REGISTERED NO.

City of BALTIMORE: (No. 1022 N. Milton ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph C. Hundt

(a) RESIDENCE NO. 1022 N. Milton ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Rose Hundt

6 DATE OF BIRTH (month, day, and year): July 29 1880

7 AGE: Years 46 | Months 4 | Days 18 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stock Clerk

(b) General nature of indnstry, business, or establishment in which employed (or employer): —

(c) Name of employer —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Gottlieb Hundt

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary B. Heberich

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Rose Hundt

(Address): 1022 N. Milton ave.

15 Filed ..... 19..... C. HARRISON JONES, M. D. Registrar

DEC 19 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26

12/16

17

I HEREBY CERTIFY, That I attended deceased from 12/22/ 19 25, to 12/16/ 19 26,

that I last saw h.. alive on 12/16/ 19 26,

and that death occurred, on the date stated above, at 11 35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Nephritis, acute Uremia

Chronic Pancreatitis (duration) 1 yrs. 00 mos. ..... ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Meyer Jr., M. D.

12/17 19 26 (Address) 1520 E. 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: Dec 20 1926

20 UNDERTAKER: Jno C. Miller & Son ADDRESS: 2334 Hoffman st

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16917

CERTIFICATE OF DEATH.

100 E 16917

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Montawese ave ST. 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosalie abrams

(a) RESIDENCE No. 2215 Montawese ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ' ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Mate single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 20-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jack Abrams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie Kessler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Jack Abrams

(Address) 2215 Montawese ave

15 Filed DEC 19 1926 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20. 1926. to Nov. Dec 19. 1926.

that I last saw her alive on Dec. 19 . 1926

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B K adrw M. D.

. 19 (Address) 2306 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Reburn Rosedale	12/19 1926
20 UNDERTAKER	ADDRESS
Jack Lewis 1709 E Balto	

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

144

CERTIFICATE OF DEATH.

E 16918
1-PLACE OF DEATH

REGISTERED NO. E 16918

City of BALTIMORE: (No. 1600 Druid Hill Ave Ward 1-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lora H. Green

(a) RESIDENCE NO. 1600 Druid Hill Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj. Green

6 DATE OF BIRTH (month, day, and year): Nov. 20 1901

7 AGE — Years: 25 — Months: — Days: 27 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): C27
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Md.

PARENTS

10 NAME OF FATHER: John Nichens

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Md

12 MAIDEN NAME OF MOTHER: Lou Nichens

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Md.

14 Informant: Benj. Green
(Address): 1600 Druid Hill Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 17 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 14 19 26 to Dec 17 19 26, that I last saw h.. alive on Dec 17 19 26 and that death occurred, on the date stated above, at 6.30 a m.

The CAUSE OF DEATH* was as follows:

Uterine Hemmorhage from Child Birth

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) L. D. Johnson, M. D.

, 19 (Address) 2529 Gwynns Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. — Date of Burial: 12/19/26

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 163 Druid Hill Ave.

3 1925 C. HAYDEN JONES, M. D.

Cor.—12-9-25—A Co.—200 Bkn.

July Green.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16919

CERTIFICATE OF DEATH.

162

REGISTERED NO. E 16919

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital, 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME "Female" Green

(a) RESIDENCE NO. 1600 Druid Hill Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 17/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			8 hrs	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Benjamin Green

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Md.

12 MAIDEN NAME OF MOTHER Lora Nickens

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) md.

14 Informant: Benjamin Green

(Address) 1600 Druid Hill Ave

Filed DEC 9 1926 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Atelectasis (probably)

(congenital imperfect lung)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Gallier M. D.

(Coroner)

12/18/26 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemty. Date of Burial 12/19/1926

20 UNDERTAKER: Mrs. Lee K. Holland ADDRESS 1632 Druid Hill Ave

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 16920 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 16920
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 S Elwood Ave ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna C Ehrman

(a) RESIDENCE NO. 112 S Elwood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1-1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) 068
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER John P Ehrman
11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md
12 MAIDEN NAME OF MOTHER Margaret Hak
13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Margaret P Albert
(Address) 112 S E Elwood Ave

15 Filed DEC 19 1926 C. HAMPSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926, to Dec 17, 1926.
that I last saw her alive on Dec 17, 1926.
and that death occurred, on the date stated above, at 12-10 A. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis Chronic Valvular Heart Dis
(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C N Mercer M. D.
12/18 1926 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lelewark Cemetery	Dec 19 1926
20 UNDERTAKER Robt J Turner	ADDRESS 1600 N Broadway

Spec.—12-9-25—A Co.—300 Bks.

Theobald Meyer.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16921

101-001

CERTIFICATE OF DEATH.

E 16921

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 45 Gorman Ave St. 20-3 Ward)

2-FULL NAME Herbald Meyer

(a) RESIDENCE NO. 45 Gorman Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. — mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kath: Meyer

6 DATE OF BIRTH (month, day, and year) Aug: 16. 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Maker

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Annie Walterhofer

(Address) 45 Gorman Ave:

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926, to Dec 16, 19..., that I last saw h.. alive on Dec 16, 1926, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) 12 yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) D. Gustav Dill, M. D.

12/18. 1926 (Address) 1509 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Dec: 20. 1926

20 UNDERTAKER C. W. Dill — ADDRESS 3109 Fredk: Ave:

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16922

CERTIFICATE OF DEATH.

REGISTERED NO. E 16922

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. ____ St. ____ Ward) 61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Jubal Hancock.

(a) RESIDENCE NO. 1906 14th St Meridian, Miss. St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Birdie P. Hancock.

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman Shop

(b) General nature of industry, business, or establishment in which employed (or employer) M. & O. R.R.

(c) Name of employer M. & O. R.R.

9 BIRTHPLACE (city or town) ____

(State or country) Columbus, Miss.

PARENTS

10 NAME OF FATHER Judge W. Hancock.

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Miss.

12 MAIDEN NAME OF MOTHER Mary L. West.

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Miss

14 Informant Birdie P. Hancock

(Address) Meridian Miss.

Filed DEC 19 1926 C. HAMPSON JONES, M. D. Registrar

c/o Birdie P. Hancock via P. Rd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1926, to Dec 19 1926, that I last saw him alive on Dec. 19, 1926, and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows:

Carcinoma reported

Cirrhosis of Liver

(duration) 2+ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec. 4, 1926

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry C. P. Wilson Jr. M.D., M. D.

, 19 (Address) Church Home.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Meridian Lauderdale Co. Miss.	Dec 19 1926

20 UNDERTAKER ____ ADDRESS

Lemcook. 302 E Main St

Very Important. See instructions on back of Certificate.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16923

CERTIFICATE OF DEATH

31 E 16923

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1501 N Dunham St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie A James

(a) RESIDENCE NO. 1501 N Dunham St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W James

6 DATE OF BIRTH (month, day and year) July 25. 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	50	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER George J Hatton

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary L Hatton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant Harold E Hatton

(Address) 1524 N Dunham St

15 Filed DEC 19 1926 C. WARPSON JONES, M. D. Registrar

DEC 19 1926 1530 N Broadway R M

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 10, 19 26, to Dec 18, 19 26

that I last saw h[illegible] alive on Dec 18, 19 26

and that death occurred, on the date stated above, at 2 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross Sputum

(Signed) David Miller, M. D.

12/18 19 26 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Camden N J	12/20 19 26
20 UNDERTAKER	ADDRESS
Williambach & Nash	[illegible]

very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16924 — 1-PLACE OF DEATH

90

E 16924 — REGISTERED NO.

City of BALTIMORE: (No. 1528 Boyle St., 24-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles C. Rebstock

(a) RESIDENCE NO. 1528 Boyle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 6 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6 1909

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	17	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(e) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Benjamin Rebstock

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sadie Hertzberger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore.

14 Informant Benjamin Rebstock

(Address) 1528 Boyle St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Dec 17, 1926,

that I last saw him alive on Dec 17, 1926,

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Disease of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Sidney A. Strott, M. D.

(Address) 1918 26 1715 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — Date of Burial Dec 20 1926

20 UNDERTAKER Wm Cook — ADDRESS 507 E Monument

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 16925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 16925

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. St., 20-1 WARD)

2-FULL NAME Mrs Laurence Corbett.

(a) RESIDENCE No. 104 Londonderry ST., ... WARD
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jane Hogan Corbett

6 DATE OF BIRTH (month, day, and year) May 30, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	59	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 49

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimd.

PARENTS

10 NAME OF FATHER Patrick Corbitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Laurence Corbitt
(Address) 104 London ave.

15 Filed 20 1926 C. HAMPSON JONES, M. D. Registrar
By R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 13th. 1926. to Dec 17 1926.

that I last saw him alive on Dec. 17th. 1926,

and that death occurred, on the date stated above, at 8:20 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac & respiratory insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tumor spinal cord cervical region

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/14/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. Theobald Hunter, M. D.

(Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. DATE OF BURIAL Dec. 20 1926

20 UNDERTAKER Margaret J. Flynn ADDRESS 1422 Light St.

Spec.—12-9-25—A Co.—200 Bks.

E16926.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 16926

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2410 Elmor St. 15-5 Ward)

2-FULL NAME John Wesley Hardin

(a) RESIDENCE NO. 2410 Elmore Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lida E. Hardin

6 DATE OF BIRTH (month, day, and year) Sept 14 1865

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer J. W. Hardin Co. Inc

9 BIRTHPLACE (city or town) Carton

(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Hardin

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) _____

14 Informant Mr John R Hardin

(Address) Fort Humphries Va

Filed DEC 20 1926 G. HAMILTON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1925 to Dec 18 1926, that I last saw h.. alive on Dec 15 1926, and that death occurred, on the date stated above, at 1.55 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Angina

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Carcinoma Scalp (duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Phys signs

(Signed) C. Hutchinson, M. D.

Dec 19, 1926 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. Date of Burial Dec 20 1926

20 UNDERTAKER Wm J. Hutchinson Sons ADDRESS North Ave

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16927

90 ✓ **E 16927**

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 7W. 29th St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Gilbert Summers.

(a) RESIDENCE NO. 7W. 29th St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm D. Summers.

6 DATE OF BIRTH (month, day, and year): Jan. 26, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Phila

(State or country): Pa

PARENTS

10 NAME OF FATHER: Wilmon Woolden

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Pa.

12 MAIDEN NAME OF MOTHER: Annie Gilbert

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Pa.

14 Informant: Mr. Alfred A. Hartman

(Address): 7W. 29th St.

Filed DEC 20 1926 HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Dec. 18, 1926, that I last saw h.er alive on Dec. 17, 1926, and that death occurred, on the date stated above, at 4:15 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebro vascular hypertension

(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Geo. W. Fike, M. D.

19 26 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Philadelphia Pa	Dec 20 1926

20 UNDERTAKER: Wm Tockner Sons. ADDRESS: North & Pa

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 16928 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16928

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 17-2 WARD)

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Johnson

(a) RESIDENCE NO. 932 Argyle Ave. ..... ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Herbert Johnson

6 DATE OF BIRTH (month, day, and year) May 13. 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Md.
(State or country)

PARENTS

10 NAME OF FATHER Peter Anderson

11 BIRTHPLACE OF FATHER (city or town) ..... Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Bruce

13 BIRTHPLACE OF MOTHER (city or town) ..... Md.
(State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 ..... By ..... Registrar

C. HARRISON JONES, M. D.

DEC 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 6, 1926, to Dec 18, 1926

that I last saw h[e] alive on Dec 18, 1926

and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Hypertension, Myocardial Insufficiency

(duration) — yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Pericarditis & Peritonitis

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Henry A Elliott, M. D.

, 19 (Address) Johns Hopkins Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12/22/26
20 UNDERTAKER Wm. P.A. Elliott	ADDRESS 1227 Eastlander

Cor.—12-9-25—A Co.—200 Bks.

E 16929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16929

CERTIFICATE OF DEATH.

74-001

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1740 E. Fayette St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clementina Lemons

(a) RESIDENCE NO. 1340 E. Fayette St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	75	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER W. Lemons

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Clementina

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant William Lemons

(Address) 1340 E. Fayette

C. HAMPSON JONES, M. D.

15 Filed....., 19..... by_____ Registrar

DEC 20 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) About Dec 11 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

Found dead in cellar of residence

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Exposure-lack of food & care

(duration) ....yrs. ....mos. ....ds.

(Signed) J. S. H. Bacon, M. D.

(Coroner)

12-14 1926 (Address) 508 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery Date of Burial 12/20 1926

20 UNDERTAKER: Wm. R. G. Elliott ADDRESS 1725 Eastland Ave

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

C 16930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16930

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 2013-3 ST., WARD)

2-FULL NAME Doris Tyson

(a) RESIDENCE NO. 1531 W. 36th St ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 29. 1925

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs or.....min.
	1	1	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Guy Tyson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Fannie Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Guy Tyson
(Address) 1531 W 36th St

15 Filed DEC 20 1926 19.. C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926, to Dec 16, 1926, that I last saw h.. alive on Dec 15, 1926, and that death occurred, on the date stated above, at 7.15 p m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds. 1

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tull, M. D.

, 19 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	Dec 21 1926

20 UNDERTAKER Chenowith & Son ADDRESS 3617 Chestnut Ave

TION IS very important. See instructions on

Spcc.—12-9-25—A Co.—200 Blks.

E 16931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16931

CERTIFICATE OF DEATH.

13-4 31

1-PLACE OF DEATH

City of BALTIMORE: (No. ____ St., Baltimore City Hospitals (13) Ward)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Henderson

(a) RESIDENCE NO. 3933 Roland ave. St. ____ Ward ____

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not stated

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse shoer 36

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) ____

(State or country) Maryland

PARENTS

10 NAME OF FATHER W. F. Henderson

11 BIRTHPLACE OF FATHER (city or town) ____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Alberta Johnson

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Maryland

14

Informant Hospital Records

(Address)

DEC 20 1926

Filed C. HAMPSON JONES, M. D.

Registrar

Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec. 18, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1926, to Dec. 18, 1926, that I last saw him alive on Dec. 18, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous laryngitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.

12-18-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Baltimore Date of Burial Dec 21 1926

20 UNDERTAKER Chenowith & Son ADDRESS 3617 Chestnut Ave

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16932

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16932

CERTIFICATE OF DEATH.

+ 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST., 25-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Baker

(a) RESIDENCE No. Laurel Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not given

6 DATE OF BIRTH (month, day, and year) [illegible] 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	75			

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer "

PARENTS

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Herman Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible] Krouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo. Baker

(Address) Ellicott City Md R F D

15 Filed C 20 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/15, 1926, to 12/18, 1926, that I last saw him alive on 12/18, 1926, and that death occurred, on the date stated above, at 12.30 p m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Theron Hunter, M. D.

12/18 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem. Ellic.	Dec. 20 19 26
20 UNDERTAKER Easton Sons	ADDRESS Ellicott City

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

CERTIFICATE OF DEATH.

E 16933

REGISTERED NO. E 16933

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fred Schultz

(a) RESIDENCE NO. 1010 Fulton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27 1862

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	7	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Piano Mover
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Frances Lindemann
(Address) 1015 William St.

15 Filed DEC 20 1926 C. HAMILTON JONES, M. D.
Registrar
Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fract Skull

Gun Missiles (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Dec 18, 19 26 (Signed) [illegible] (Coroner) M. D.
(Address) 163 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Dec 21 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16934
1-PLACE OF DEATH

REGISTERED NO. E 16934

City of BALTIMORE: (No. Baltimore City Hospitals St. (or B. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara E. Harrington

(a) RESIDENCE NO. 1522 Belt st. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of T. J. Harrington

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Elliott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Bertha Gutting

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed DEC 20 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1926, to Dec. 16, 1926, that I last saw h.. alive on Dec. 16, 1926, and that death occurred, on the date stated above, at 2.40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Gutting, M. D.

12-16-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial Dec 20 1926

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St

Of importance in the registration of certificates. See instructions on back of certificate. Every question must be answered as fully as possible. Every item is very important.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16935

CERTIFICATE OF DEATH.

90 **E 16935**

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1110 Hanover ST. 23-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Lawton

(a) RESIDENCE NO. 1110 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. Lawton

6 DATE OF BIRTH (month, day, and year) July 4, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Flagman 073

(b) General nature of industry, business, or establishment in which employed (or employer): W. M. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Lawton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Harriet Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: William J. Lawton

(Address): 137 E. West St.

15 Filed DEC 20 1926 19 Per C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16, 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 15/26, 19, to Dec 16/26, 19, that I last saw him alive on Dec 16/26, 19, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

Duration: yrs. One hour mos. ds.

CONTRIBUTORY (Secondary): Valvular Disease

Duration: 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Stanley B. Kelly, M. D.

(Address) 1103 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Dec 20 1926
20 UNDERTAKER: John H. Denny	ADDRESS: 715 Light

IT IS very important that this certificate be filled out correctly and completely.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66 E 16936

E 16936

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

City of BALTIMORE: (No. 1113 Newman St. CX 6-2 Ward)

2-FULL NAME George Bauer

(a) RESIDENCE NO. 1113 Newman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Does not live with wife Unknown

6 DATE OF BIRTH (month, day, and year): March 20 - 1882

7 AGE: Years 44 Months 8 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country)

PARENTS

10 NAME OF FATHER: Geo. Bauer

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Germany

14 Informant: Margaret V. Kmak
(Address): 1232 Cleveland St

15 Filed DEC 20 1926 Per R.M. THAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Thos. R. Norton M. D.
(Coroner)

Dec 18 1926 (Address) Curtis Bay, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Date of Burial Dec 21 1926

20 UNDERTAKER: John Fields ADDRESS 1200 N Gonstead St

OF DEATH in plain terms, so that it may be properly classified. Fatal statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16937 OF DEATH — Last home Roadwood Home — REGISTERED NO. E 16937.

CITY OF BALTIMORE (No. Woodbourne. Miller Rd. ST. 47-T WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Ruley

(Residence in Baltimore: No. Woodbourne ave Govans St.; 7 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: Aug 31, 1843 (Month) (Day) (Year)

7 AGE: 83 yrs. 3 mos. 17 ds. — If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): "

9 BIRTHPLACE (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John Riley

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Not Known.

13 BIRTHPLACE OF MOTHER (State or country): Not Known.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. H. Riley

(Address) Towson R.F.D. No. 6.

15. Filed [illegible] 191 Per [illegible] REGISTRAR — C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 18, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from: [illegible], 1919, to Dec 17 1926, that I saw him alive on Dec 17 1926, and that death occurred, on the date stated above, at 11.10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 8 yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Geo H Hockman M.D.

Dec 18, 1926 (Address) 5835 York Rd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death: yrs. mos. ds. — In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Parkwood — DATE OF BURIAL: Dec 20 1926

20 UNDERTAKER: J. Otis Bunting Sons — ADDRESS: Towson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16938

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1295

E 16938

REGISTERED No. C .....

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 85 Hooper Ave St. 27-4 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Van Horn

(Residence in Baltimore: No. 85 Hooper Ave St.; 4 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Aug. 20, 1847 (Month) (Day) (Year)

7-AGE: 79 yrs. 3 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: [illegible]
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

9-BIRTHPLACE (State or country): Md

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or country): Unknown

12-MAIDEN NAME OF MOTHER: Ann Crowder

13-BIRTHPLACE OF MOTHER (State or country): Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Shade

(Address) Mt Washington

15- DEC 20 1926 C. HAMPSON JONES, M. D.

By ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec. 18, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 6, 1926, to Dec 18 1926, that I saw h[illegible] alive on Dec 17, 1926, and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Senile degeneration, chronic

Bronch. Apoplexy

(Duration) ..... yrs. ..... mos. 6 ds

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C H Becker M. D.

12-19, 1926 (Address) Mt Washington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Prospect Hill Cem. DATE OF BURIAL: Dec 21, 1926

20-UNDERTAKER: John Burns Sons ADDRESS: Towson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16939

CERTIFICATE OF DEATH.

E 16939

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1025 N. Broadway St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Mac Donald

(a) Residence No. 1025 N. Broadway St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F | 4-COLOR OR RACE W | 5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John MacDonald

6-DATE OF BIRTH (month, day and year) Dec 3-1875

7-AGE. 51 yrs. mos. 12 ds. | If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) City
(State or Country)

PARENTS.

10-NAME OF FATHER, John H Thompson

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Julia Galaway

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

14-(Informant) Mrs. Gerhardt

(Address) 1025 N. Broadway

15-Filed DEC 20 1926 C. E. THOMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 15-26

17- I HEREBY CERTIFY, That I attended deceased from 9-10-26. 19.. to Dec 15- 1926.

that I last saw her alive on Dec 14- 1926

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) none

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick A Hyman M. D.

Dec 16 19.. (Address) 1913 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lutheran Cathedral Son | DATE OF BURIAL. 12/20/ 1926

20-UNDERTAKER. J. A. Moran | ADDRESS 300 E Balto St

INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16940

CERTIFICATE OF DEATH.

E 16940

1-PLACE OF DEATH Franklin Square Hosp. 21-2 129 REGISTERED NO.

CITY OF BALTIMORE: (No. 1130 Ridgely ST., 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Schmoll

(a) RESIDENCE NO. 1130 Ridgley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divoreed, (write the word)
F.	W.	Widowed.

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) ~~WIFE of~~ Ernest Schmoll

6 DATE OF BIRTH (month, day, and year) March 16-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	67	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Christian Crasser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Decker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. C. Alexander
(Address) Catonsville Md.

15 Filed C 20 1926, 19 or C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-13, 1926, to 12-18, 1926.

that I last saw her alive on 12.30 AM. 12-18 1926

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency Uremia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk Cemetery	12-21-26
20 UNDERTAKER	ADDRESS
Geo Leimbach & Son	647 W. Pratt

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

175

E 16941
1-PLACE OF DEATH

E 16941
REGISTERED NO.

City of BALTIMORE: (No. Unnamed Road 21-3 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John L Goodrich

(a) RESIDENCE NO. 522 Wash Blvd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	34	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Not Known

9 BIRTHPLACE (city or town) Balt

(State or country)

PARENTS

10 NAME OF FATHER Geo. Goodrich

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balt

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balt md

14 Informant G. Goodrich

(Address) 1106-1st St

15 Filed C. HAMPSON JONES, M. D.
Registrar

EC 20 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, aut-opsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stomach Cancer

Valvular Heart Disease

Duration 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Harold Barber M. D.
(Coroner)

, 192 4 (Address) 332 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial 12/20/25

20 UNDERTAKER Geo Leimbach & Son ADDRESS 247 W Pratt St

very important. See instructions on back of certificate.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16942

CERTIFICATE OF DEATH.

E 16942

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 E Baltimore St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Butler

(a) RESIDENCE NO. 3103 E Baltimore St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced (write the word) ~~Single~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19, 1926

7 AGE | Years | Months | Days | If LESS than 1 day, ½ hrs or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 3103 E Balto St

PARENTS

10 NAME OF FATHER John Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Mary Keeur

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Father
(Address)

15 [illegible]

DEC 20 1926

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1926, to Dec 19, 1926.

that I last saw him alive on Dec 19, 1926.

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prolonged Labor.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~~Unknown~~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Pokorny, M.D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 12-20-1926

UNDERTAKER E. B. Hanke — ADDRESS 118 E Madison St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16943

CERTIFICATE OF DEATH.

E 16943

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Arnold.

(a) RESIDENCE No. 340 Patapsco ST., Westport. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia S. Arnold.

6 DATE OF BIRTH (month, day, and year) Aug. 18 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Son-in-law Michael Gumpman

(Address) 340 Patapsco St.

15 Filed DEC 20 1926 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18 1926

17

I HEREBY CERTIFY, That I attended deceased from 7/9 .1926. to 12/18 .1926.

that I last saw h[illegible] alive on 12/18 .1926.

and that death occurred, on the date stated above, at 9 15 p. m.

The CAUSE OF DEATH* was as follows:

Pleomorphic sarcoma primary in skin

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) [illegible], M. D.

12/21, 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 12-23 1926

20 UNDERTAKER E. B. Horn

ADDRESS 115 E. West St

TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16944

REGISTERED NO. E 16944

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 500—Woodlawn Road ST., 27-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME BERTHA CHAMBERS

(a) RESIDENCE NO. 500—Woodlawn Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (Single)

6 DATE OF BIRTH (month, day, and year) About 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 68	?	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Chambersburg

(State or country) Penna

PARENTS

10 NAME OF FATHER Danl. Chambers

11 BIRTHPLACE OF FATHER (city or town) Chambersburg

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Elenor Thomas

13 BIRTHPLACE OF MOTHER (city or town) ? ? ?

(State or country) Maryland

14 Informant Mrs. J. O. Bliss (Niece)

(Address) 1317 Colorado Ave. City

15 Filed DEC 20 1926 19 Per C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1926, to Dec 18, 1926.

that I last saw her alive on Dec 18, 1926,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) 6 yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. Gilroy Potter, M. D.

12/19. 1926 (Address) 422 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chambersburg, Penna.

DATE OF BURIAL Dec 21 19

20 UNDERTAKER STEWART & MOWEN COMPANY

WILLIAM F. MOWEN, Successor

ADDRESS 108 W. NORTH AVE.

See instructions on back of certificates. TION is very important.

Spec.—1-12-23—M&T—500 Bks.

E 16945 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74 001 E 16945

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 907 Burgundy. St. 21-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Laurantis

(a) RESIDENCE NO. 907 Burgundy ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Veronica

6 DATE OF BIRTH (month, day, and year): June 20 78

7 AGE: Years 48 | Months 5 | Days 28 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor, Oil

(b) General nature of industry, business, or establishment in which employed (or employer): Machine

(c) Name of employer: Operator

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Phillips.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania.

14 Informant: Mrs. Laurantis

(Address): 907 Burgundy St.

15 Filed 20 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 14th 1926 to Dec 18th 1926, that I last saw him alive on Dec 18th 1926 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R Goulston, M. D.

12/19/26 (Address) 3909 Gunnon Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 21 1926

20 UNDERTAKER: John Grebliauskas — ADDRESS: 4235 Para, W

FROM BACK OF CERTIFICATE. IT IS very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16946

CERTIFICATE OF DEATH.

100-001

E 16946

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 7 N. East Aye St., 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vivian E. McCormick

(a) RESIDENCE NO. 7 EN. East Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
~~female~~	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 8/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md

(State or country)

PARENTS

10 NAME OF FATHER Raymond McCormick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Margaret Bruns

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Raymond McCormick

(Address) 7 N. East Ave

C 20 1526

Filed _____, 19____ C. HAMILTON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 17/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia-Primary

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. J. Pallen M. D.

(Coroner)

12/18/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Date of Burial 12/20 192[illegible]

20 UNDERTAKER John A Moran ADDRESS 3000 E Balto St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—MAT—500 Blks.

E 16947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 16947

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Carroll ST. 21-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda May Lyons.

(a) RESIDENCE NO. 1121 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Lyons

6 DATE OF BIRTH (month, day, and year) Mar. 12,1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm.P. Meekins.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Augusta L.Blum.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Ruth E. Wright (Address) 1121 Carroll St

15 Filed DEC 20 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30th. 1926 to Dec. 17th 1926, that I last saw h en live on Dec. 17th 1926 and that death occurred, on the date stated above, at 6:10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Myocorditis

(duration) yrs mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edw V. Cavoli Calen M. D.

12/20 1926 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Dec 20 1926

20 UNDERTAKER J. W. Zepf & Son — ADDRESS 801 W. Fayette

IMPORTANT: See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16948

E 16948

REGISTERED NO. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1445 Patapsco St., 23-2 Ward)

2-FULL NAME Carrie Easter

(a) RESIDENCE NO. 1445 Patapsco St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Easter

6 DATE OF BIRTH (month, day, and year): April 13th 1853

7 AGE — Years: 73 — Months: 7 — Days: 27 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER: Fred Stoffel

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: John Easter

(Address): 1445 Patapsco

15 Filed DEC 20 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26 Dec 16

17 I HEREBY CERTIFY, That I attended deceased from 12/14 19 26, to 12/16 19 26, that I last saw h alive on 12/15/26 19 26, and that death occurred, on the date stated above, at 5 20 P. M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Ulcer on Legs

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones M. D.

, 19 (Address) 1340 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — Date of Burial: 12/20/1926

20 UNDERTAKER: C. D. Fanning Inc. — ADDRESS: 1460 Battery Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16949

E. CERTIFICATE OF DEATH.

E 16949

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 135 Hughes ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachel West

(a) RESIDENCE NO. 135 Hughes ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 11 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	1	2	8.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Julius R West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lovedale Va

12 MAIDEN NAME OF MOTHER Cora M Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middlesex Co Va

14 Informant Virginia Harris

(Address) 702 William st

15 Filed 12-20-1926 C. HAMPTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1926, to Dec 20, 1926,

that I last saw h[illegible] alive on Dec 20 1926

and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchitis Acute

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Mitchell, M. D.

12/21, 1926 (Address) 1279 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmans Cemetery	12-24 1926
20 UNDERTAKER	ADDRESS
Geo F Denny	715 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16950

CERTIFICATE OF DEATH.

E 16950

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 E. Hill ST. 27-2 WARD)

2-FULL NAME John H. Carle

(a) RESIDENCE No. 33 E. Hill ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Carle

6 DATE OF BIRTH (month, day, and year) June 11-1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Superintendant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Groffins Bag Factory

9 BIRTHPLACE (city or town) (State or country) Dalton

PARENTS

10 NAME OF FATHER John H. Carle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cath. Heinzmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mollie Carle

(Address) 33 E. Hill St.

15 Filed Dec 9, 1926 C. HAMPSON JONES, M. D. Registrar

C 20 1826

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1926, to Dec 17, 1926, that I last saw him alive on Dec 17, 1926 and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) W. P. Smith, M. D.

Dec 9, 1926 (Address) 129 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 2/1926
20 UNDERTAKER	ADDRESS
F. A. Krause & Son	703 Hanover

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16951

CERTIFICATE OF DEATH.

49 E 16951

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Light St. ST. 24-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hubert

(a) RESIDENCE No. 823 Light St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. Hubert

6 DATE OF BIRTH (month, day, and year): Mar 11, 1846

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home.

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John H. Eade

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Cath. Hamyard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Geo. C. Hubert

(Address): 823 Light St

15 Filed ..... 19..... C. HAMPSON JONES, M. D., Registrar

Per .....

C 20625

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12.17 1926

17

I HEREBY CERTIFY, That I attended deceased from 10.10. , 19 26 , to 12.17. , 19 26

that I last saw h[illegible] alive on 12.17. , 19 26

and that death occurred, on the date stated above, at 6 PM m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right Breast

(duration) do not Know yrs. mos ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) J. Edward Norris, M. D.

12-19-1926 (Address) 107 East west st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 21st 1926

20 UNDERTAKER: F. A. Krauss & Son. — ADDRESS: 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16952 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16952

CERTIFICATE OF DEATH. 100-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp St. 252 WARD)

2-FULL NAME Miss Ellen ~~Gaitley~~ Gaitley.

(a) RESIDENCE No. St Agnes Hospital ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Thomas N. Gaitley

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Regina Walsh (niece) (Address) 1327 Pine St Phila Pa

15 Filed DEC 20 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18 1926

17

I HEREBY CERTIFY, That I attended deceased from 10/31, 1924, to 12/18, 1926, that I last saw her alive on Dec. 18, 1926, and that death occurred, on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia terminal

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Shoenhentes, M. D.

(Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery. Harford road

DATE OF BURIAL Dec 21 1926

20 UNDERTAKER Martin Forbes & Sons.

ADDRESS 1827 W North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16953

CERTIFICATE OF DEATH.

74-001

E 16953

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 11 East Chase St. 11-3 WARD)

REGISTERED No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Decatur Howard Miller Jr.

(Residence in Baltimore: No. 11 East Chase St. St.; yrs., 76 mos. 11 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Married

6-DATE OF BIRTH. January 20th, 1850
(Month) (Day) (Year)

7-AGE. 76 yrs. 10 mos. 29 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Retired
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Decatur H Miller

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Eliza Hare

13-BIRTHPLACE OF MOTHER (State or Country). Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) D Vernon Miller

(Address) 11 E. Chase St.

15-

DEC 20 1926

Dec ....., 191.....

C. HAMPSON JONES, M. D.
Registrar.

Per .....

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 19, 1926.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Duration

(Duration).....yrs.....mos.....ds.

CONTRIBUTORY
(Secondary)

(Duration).....yrs.....mos.....ds.

(Signed) H H Riley (Coroner.) M. D.

Dec 20, 1926 (Address) 1639 Broadway

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Greenmount Cem

DATE OF BURIAL, 12-22-, 1926

20-UNDERTAKER Henry W. Jenkins Son Co

ADDRESS Orchard & Guilford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16954

CERTIFICATE OF DEATH.

188-001

E 16954

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Western Md RR + Kab St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wesley Franklin

(a) RESIDENCE NO. 6 Fear Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rosie G. Franklin

6 DATE OF BIRTH (month, day, and year) Mar. 15 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "

(State or country)

14 Informant Rosie G. Franklin

(Address) 6 Fear Ave.

15 Filed ..... 19 C. HAMPSON JONES, M. D.

DEC 20 1926

Per R.H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the date stated above.

The CAUSE OF DEATH* was as follows:

R. R. Accident

Multiple Fractures

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

(Remedy) M. D.

Dec. 19 26 (Coroner)

, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park Cem. Date of Burial Dec 20 19 26

20 UNDERTAKER Josiah Syfer ADDRESS Woodyard

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16955

REGISTERED NO. E 16955

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Park Height ave ST., 15-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Dimondstein

(a) RESIDENCE NO. 2504 Parkheight ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Dimondstein

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	84	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age (none)

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hyman Lasch (Address) 2504 Parkheight ave

15 Filed DEC 20 1926 C. NAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926, to Dec 19, 1926.

that I last saw h alive on Dec 19, 1926

and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis
(Angina Pectoris)
dilatation.

(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Jos E Grahame, M. D.

, 19 (Address) 3 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rock Rd

DATE OF BURIAL ... 19

20 UNDERTAKER Jack Lavin

ADDRESS 1439 E Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16956

CERTIFICATE OF DEATH.

57 E 16956

1-PLACE OF DEATH Sinai Hospital

REGISTERED NO.

City of BALTIMORE: (No. ____ St. 24-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Singer

(a) RESIDENCE NO. 500 1/2 E. Fort Ave. St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mordica Singer

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 76 — Months: — — Days: — — IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): ____

(State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): ____

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): ____

(State or country): Russia

14 Informant: Ellis Singer

(Address): 500 1/2 E. Fort Ave.

15 Filed DEC 20 1926 — G. HAMPSON JONES, M. D. Registrar — RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Dec 19, 1926, that I last saw h.e.r. alive on Dec 19, 1926, and that death occurred, on the date stated above, at 2 05 P.m.

The CAUSE OF DEATH* was as follows:

1. Diabetes Mellitus } Gangrene.
2. Arteriosclerosis }

(duration) 5 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): Cardial Failure. Pulmonary Edema.

(duration) ____ yrs. ____ mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec 13 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) William Schuman, M. D.

Dec 19, 1926 (Address) Sinai Hospital of Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mehrem Josh Road — Date of Burial: 12/20 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1240 E. Baltimore St.

Spec.—1-10-21—M&T—1500 Bks.

E 16957 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16957

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Payne and Dukeland ST. 41 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James O'Neal

(a) RESIDENCE NO. 707 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Oneal

6 DATE OF BIRTH (month, day, and year) Aug 11, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Johnson Co
(State or country) N. C.

PARENTS

10 NAME OF FATHER Dempsey Oneal

11 BIRTHPLACE OF FATHER (city or town) Johnson Co.
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Johnson Co.
(State or country) N. C.

14 Informant Sadie Oneal
(Address) 707 W Saratoga St

15 [illegible] C. HARPSON JONES, M. D.

DEC 20 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17 1926

17

I HEREBY CERTIFY, That I attended deceased from 12/6 .1926. to 12/17 .1926.

that I last saw him alive on 12/17 .1926.

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

, 19 (Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	12-19 1926

20 UNDERTAKER ADDRESS

Jas. M. Slimm 1625 E. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16958

CERTIFICATE OF DEATH.

179 **E 16958**

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Colonial Hospital 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda V. Hawkins

(a) RESIDENCE NO. 1039 Eutaw St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 12- 1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	3	1	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ralph Hawkins

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Hattie Wilson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hattie Hawkins
(Address) 1039 Eutaw St

15 Filed DEC 20 1926 C. HAMPSON JONES, M. D.
By R.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Not death on the day stated above.

The CAUSE OF DEATH was as follows*

Accident

Multiple Injuries

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) G. E. Pades, M. D.
(Coroner)

Dec 20 26 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Laurel Cem	12/30 1926
20 UNDERTAKER Samuel Greenberg	ADDRESS 578 N Bond St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

16959

CERTIFICATE OF DEATH.

90 E 16959
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 E. 39th. ST., 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary O. Foos

(a) RESIDENCE NO. 222 E. 39th. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. 0 mos. 29 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John S. Foos

6 DATE OF BIRTH (month, day, and year): Nov. 19, 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	90	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: George Alderson Spaff[illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Sarah Ann Buck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: George A. Foos
(Address): 222 E. 39th. St.

15 Filed DEC 20 1926 19 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1926, to Dec 18, 1926, that I last saw her alive on Nov. 1 1926 and that death occurred, on the date stated above, at about 8a m.

The CAUSE OF DEATH* was as follows:

Embolism

a few minutes
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension - Arteriosclerosis
Val. Dis. Heart (duration) Some yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Physical

(Signed) Geo. L. Wilkins, M. D.

Dec 19 1926 (Address) 2246 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	12/21 19 26

UNDERTAKER: Henry U. Mears & Son ADDRESS: 805 N. Calvert

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 16960 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16960

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Epps

(a) RESIDENCE NO. 1011 N. Mount St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of #

6 DATE OF BIRTH (month, day, and year) 1-13-26

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Epps

11 BIRTHPLACE OF FATHER (city or town) Wash (State or country) D.C.

12 MAIDEN NAME OF MOTHER Marjorie Jackson

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Records (Address)

15 DEC 20 1926 C. HAMPSON JONES, M. D. Registrar

Per RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 26, 1926 to Dec 19, 1926, that I last saw him alive on Dec 19, 1926, and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobular.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Congenital Syphilis.

Prematurity (duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death? Presumed at John Hopkins Hosp.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic section

(Signed) Thomas D. Cornwall M. D.

. 19 Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Dec 20 1926

20 UNDERTAKER Chas. H. Dennis per T. E. Kelson

ADDRESS 1523 Pressman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 16961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16961

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Dr. White's Sanitarium

CITY OF BALTIMORE: (No. 1029 madison ave ST. 15-13 WARD)

REGISTERED NO. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolphus D. Wiggins

(a) RESIDENCE No. 1817 n. mount st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Jackson Wiggins

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chef

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nansemond Co., Va.

PARENTS

10 NAME OF FATHER Wm. J. Wiggins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Langston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Clayton Wiggins

(Address) 1817 n. mount st

Filed DEC 20 1926 C. HAMPSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-14 1926, to 12-19 1926, that I last saw h alive on 12-19 1926, and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows: Acute Suppurative Appendicitis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12-15-26

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) George C. Page, M. D.

, 19 (Address) 1816 n. mount st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Othello ville, Va	Dec 21 1926
20 UNDERTAKER Jesse W. Reeder	ADDRESS 436 N. Eddie st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 16962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

E 16962

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2740 Alameda Blvd. 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Cook

(a) RESIDENCE NO. 2740 Alameda Blvd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 ~~Single, Married,~~ Widowed, or ~~Divorced, (write the word)~~: Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: John G. Cook

6 DATE OF BIRTH (month, day, and year): Aug 2 1861

7 AGE: Years 65 Months 4 Days 15 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: August Kraft

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Minnie Hammond

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Baltimore

14 Informant: Laura Mumpner

(Address) 2740 Alameda Blvd

Filed: DEC 21 1926 C. MAMPSON JONES, M. D. Registrar

Per RAH

C 2 D 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. - 17 - 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 19 26 to Dec 17 19 26

that I last saw h alive on Dec 17 19 26

and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Hypostatic pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George Ames Bond M. D.

(Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: Dec 21 1926

20 UNDERTAKER: Robt J Turner — ADDRESS: 1463 N. Broadway

If DEATH occurred in a hospital or institution, the NAME and not the street number should be entered. AGE should be entered in every case. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16963

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Cleveland ST. [illegible] WARD) 26-9

2-FULL NAME Leonard Harold Petrak, St Helena

(a) RESIDENCE NO. 302 Cleveland Ave ST., ... WARD ..... Penna.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 14/1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	3	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none old

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) ..... Pa.
(State or country)

PARENTS

10 NAME OF FATHER John M. Petrak

11 BIRTHPLACE OF FATHER (city or town) Mich.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Gross

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant John M. Petrak
(Address) Dundalk, md.

15 Filed C 20 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1926, to Dec 19, 1926, that I last saw h— alive on Dec 19, 1926, and that death occurred, on the date stated above, at 10 00 p m.

The CAUSE OF DEATH* was as follows: Laryngeal Diphtheria.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Intubation Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

12/29/26 (Address) Dundalk md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	12/31/1926.
20 UNDERTAKER	ADDRESS
John Ulrich	1008 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

2.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16964

E 16964

154-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Hickory Ave 13-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Doll

(a) RESIDENCE NO. 3511 Hickory Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Infant.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-19-26

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 3511 Hickory Ave
(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Geo. Edward. Doll

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mae Dolan

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Geo Edward Doll
(Address) 3511 Hickory Ave

15 Filed DEC 20 1926, 19 C. HAMPSON JONES, M. D.
Registrar
Per 0874

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 19, 19 26, to Dec 19, 19 26, that I last saw h[illegible] alive on Dec 19, 19 26 and that death occurred, on the date stated above, at 6.30 Am.

The CAUSE OF DEATH* was as follows:

Atelectasis
Congenital Heart Lesion
(Patent Ductus Arteriosus)

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. Alexander Norley, M. D.

, 19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health.
DEC 20 1926

CAUSE OF DEATH to be plainly written, and not in technical terms. See instructions on back of certificates.

Spec. 7-17-26 A Co. 200 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74-001

E 16965

REGISTERED NO. **E 16965**

1-PLACE OF DEATH

City of BALTIMORE: (No. 307 S. Robinson St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Robinson

(a) RESIDENCE NO. 307 S. Robinson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Robinson

6 DATE OF BIRTH (month, day, and year) May 13. 1834

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	92	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(h) General nature of industry, business, or establishment in which employed (or employer)

(e) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) M. d.

PARENTS

10 NAME OF FATHER Cornelius Howard

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) M. d.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Mrs Ella Kane

(Address) 307 S Robinson St

15 Filed DEC 20 1926

16 C. THOMPSON JONES, M. D. Registrar

Per REH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1926, to Dec 19, 1926, that I last saw her alive on Dec 19, 1926, and that death occurred, on the date stated above, at 12 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) None other

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) C. L. Tom, M. D.

12/20, 1926 (Address) 7701 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Carmel Cemetery	Dec 22 1926
20 UNDERTAKER	**ADDRESS**
Henry Sander & Sons Inc	1710 Fleet St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16966

90

E 16966

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital 11-3 St. ..... Ward)

2-FULL NAME William Benesch

(a) RESIDENCE NO. Belvedere Hotel St. ..... Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Benesch

6 DATE OF BIRTH (month, day, and year): Oct. 29, 1869.

7 AGE: Years 57 | Months 1 | Days 22. | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Dept. Store
(b) General nature of industry, business, or establishment in which employed (or employer): Prop.
(c) Name of employer

9 BIRTHPLACE (city or town): Balto.
(State or country): Md.

PARENTS

10 NAME OF FATHER: Isaac Benesch

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Fannie Kaufheimer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Balto. Md.

14 Informant: Mr. Jerome Benesch
(Address): 16 E. 21st & Canterbury Rd

15 Filed: 20 1926

C. HAMPSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1926 to Dec 19 1926, that I last saw h.e.m alive on Dec 19 1926, and that death occurred, on the date stated above, at 3:40 A m.

The CAUSE OF DEATH* was as follows:
Pneumonia

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary): Heart disease (over)

(duration) 37 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy?

What test confirmed diagnosis? By symptoms, Signs, Labs

(Signed) Harry Weinraub, M. D.

. 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. Date of Burial: 12/21/1926

20 UNDERTAKER: Baird Londheim ADDRESS: 115-20 W. Mt. Royal Ave.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 16967.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16967.

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 Andre Street ST. 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dominik . Rutkowski

(a) RESIDENCE NO. 1337 Andree Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph. Rutkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Julianna . Wisniewski

(Address) 1337 Andre Street

15 Filed DEC 20 1926 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1926, to Dec 18, 1926

that I last saw h alive on Dec. 16, 1926

and that death occurred, on the date stated above, at 10.5 p m

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pleuro-Pneumia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. J. Hurst, M. D.

12.20, 1926 (Address) 516 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem.	DEC 21 1926
20 UNDERTAKER	ADDRESS
John M Weber	1813 Bank St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16968

CERTIFICATE OF DEATH.

11-001

E 16968

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1932 Aliceanna St. 7-3 Ward)

2-FULL NAME William Hetzel

(a) RESIDENCE NO. 1932 Aliceanna St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Stone

(c) Name of employer Lutherian Stone Co

9 BIRTHPLACE (city or town) _____

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Hetzel

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Pennsylvania

14 Informant J. W. Cockrill

(Address) 501 E 21 St

15 Filed DEC 20 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ____ yrs. ____ mos. 4 ds.

(Signed) James M Fulton M. D.
(Coroner)

Dec 20 1926 (Address) 700 E Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs., ____ mos., ____ ds. In the State ____ yrs., ____ mos., ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
York Pa	12-20 1926
20 UNDERTAKER Wm Cook	ADDRESS 502 E Fayette

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Jennings - 143 N Caroline St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16969

CERTIFICATE OF DEATH

1-001

E 16969

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 1933 N Lexington St. (Ward) 20-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Dalfonzo

(a) RESIDENCE NO. 1933 N Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L Dalfonzo

6 DATE OF BIRTH (month, day, and year) Dec 20. 1902

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	23	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of indoustry, business, or establishment in which employed (or employer) Own

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Italy

PARENTS

10 NAME OF FATHER Salvatore Dalfonzo.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Anna Dalfonzo

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Anna Dalfonzo

(Address) 1933 N. Lexington St

Filed C 20 1926 C. HAMPSON JONES, M. D. Registrar

By ORH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1926, to Dec 18, 1926.

that I last saw him alive on Dec 18, 1926.

and that death occurred, on the date stated above, at 9 30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Throat

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chron Pneum. Abs. Lung

Cardiac Failure

(duration) yrs. mos. 6 d.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam & Sputum Lab Test

(Signed) H. Fadalus, M. D.

, 19 (Address) 943 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
New Cathedral	Dec 20 1926
20 UNDERTAKER	ADDRESS
J. Cook	502 Eutaw Pl.

N. B.—WHITE PLAINLY, with CARBON PENCIL. All questions should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 16970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-001

E 16970

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. 6-2 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Upshoff.

(a) RESIDENCE NO. 1905 E. Fairmont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Upshoff

6 DATE OF BIRTH (month, day, and year): Apr 10, 1866

7 AGE — Years: 60 — Months: 8 — Days: 9 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: City of Balto

9 BIRTHPLACE (city or town):

(State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Upshoff

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs Elizabeth Upshoff

(Address): 1905 Fairmont Ave.

DEC 28 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-19-1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1926, to Dec 19, 1926, that I last saw him alive on Dec 19, 1926, and that death occurred, on the date stated above, at 1 30 a. m.

The CAUSE OF DEATH* was as follows:

1. Arteriosclerosis

2. Hypertension

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hemorrhage into Cerebrum
Cardiac failure &
Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical tests

(Signed) Harry Weinbaum, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial: Dec 21 19 26

20 UNDERTAKER: W. Cook — ADDRESS: 501 E North Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16971

CERTIFICATE OF DEATH.

90 E 16971

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1047 W. Lanvale St. 16-7 Ward)

2-FULL NAME Martha Elizabeth Pullen

(a) RESIDENCE NO. 1047 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. Clark Pullen

6 DATE OF BIRTH (month, day, and year) July 5, 1842

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	84	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) N. J.

PARENTS

10 NAME OF FATHER Seth Dey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. J.

12 MAIDEN NAME OF MOTHER Elizabeth Potts

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. J.

14 Informant Mrs. Chas. Pullen.

(Address) 1047 W. Lanvale St.

15 Filed ..... 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19, 1926

17 I HEREBY CERTIFY, That I attended deceased from January, 1926, to Dec 19th, 1926, that I last saw her alive on Dec 19th, 1926, and that death occurred, on the date stated above, at 8.20 a.m.

The CAUSE OF DEATH* was as follows:

Intramural cancer

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed Howard Lilienthal, M. D.

Dec 20, 1926 (Address) 1211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Church Hill Md. Date of Burial Dec 23, 1926

20 UNDERTAKER H. O. Fuchser Sons. ADDRESS Towson Pa.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CLEARLY. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

Blaize ✓

E 16972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16972

100 001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST. 15-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Blaize

(a) RESIDENCE NO. 1343 N. Stricker ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Helen Blaize —

6 DATE OF BIRTH (month, day, and year) Oct. 5. 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 40

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel. Blaize -

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Helen Blaize

(Address) 1343 N. Stricker St.

DEC 20 1926 Filed ....., 19.. C. HAMPSON JONES, M. D. Registrar

Per RCA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1926, to Dec 17, 1926, that I last saw him alive on Dec 17, 1926 and that death occurred, on the date stated above, at 11:00 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of ——

Was there an autopsy? Yes. What test confirmed diagnosis? Clinical

(Signed) H R. McCandlish, M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	Dec 20-1926
20 UNDERTAKER Daniel Carton	ADDRESS 916 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16973

CERTIFICATE OF DEATH.

139 E 16973

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hospital ST. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Brown

(a) RESIDENCE NO. 1121 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Thomas Brown

6 DATE OF BIRTH (month, day, and year) May 3, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	28	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) Frederick (State or country) md

PARENTS

10 NAME OF FATHER John Gains

11 BIRTHPLACE OF FATHER (city or town) Frederick (State or country) md

12 MAIDEN NAME OF MOTHER Irene Stanbay

13 BIRTHPLACE OF MOTHER (city or town) Frederick (State or country) md

14 Informant Jane Standabay (Address) 1121 Bolton st

15 Dec 20 1926 C. HAMPSON JONES, M. D. Registrar

EC 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1926, to Dec 19, 1926, that I last saw her alive on Dec. 18, 1926 and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Uterine fibroid

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Acute myocarditis c ? insufficiency (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Dec. 15, 1926

Was there an autopsy? no

What test confirmed diagnosis? Clinical data

(Signed) Leo Schlenger, M. D.

12/19 1926 (Address) 3034 E Balto. St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Dec 20 1926

20 UNDERTAKER Harry Easton ADDRESS 916 Lane

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16974

CERTIFICATE OF DEATH.

E 16974

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1212 Penna Ave St., 17-1 Ward)

2-FULL NAME James V Boggs

(a) RESIDENCE NO. 1212 Penna Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1-1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City

(State or country)

PARENTS

10 NAME OF FATHER Gordon Boggs

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Mina Mills

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant Gordon Boggs

(Address) 1212 Penna Ave.

C 20 1926 C. EMERSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 5 yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) & Cancer

(duration) yrs. mos. 1 ds.

Dec 20/26 (Date signed) G. L. Wades (Coroner) M. D.

, 19 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Dec 20/926

20 UNDERTAKER Hamilton ADDRESS 916 Gay St

18.—WRITE PLAINLY, with pen and ink. Fill all blanks. Be sure and answer every question. Where the space provided is insufficient, use the reverse side. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be stated OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16975

CERTIFICATE OF DEATH.

E 16975

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1036 N Stockton St., 16 Ward)

2-FULL NAME Rose Millicia

(a) RESIDENCE NO. 1036 N. Stockton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 9-26

7 AGE Years 3 Months 11 Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Child (home)

(c) Name of employer

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER Willie Church Hill

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER Emily Williams

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant Nathaniel Williams

(Address) 1036 N. Stockton St

Dec 20 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

Dec 24 26 (Signed) G. E. Slade M. D.

(Coroner)

(Address) 143 E. 1 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem Date of Burial 12-21 1926

20 UNDERTAKER: George A. Gebhardt ADDRESS 1735 Lanvale

Filed

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tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAU... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI... very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

Dr Billups 2224 W North Ave

E 16976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

E 16976

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3203 Elmora Ave St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate E Foxwell

(a) RESIDENCE NO. 3203 Elmora Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Foxwell

6 DATE OF BIRTH (month, day, and year) Nov 25, 1859

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	67	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General natore of Industry, bosiness, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER James A Vance

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Watts

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Mrs Wm J Foxwell

(Address) 3203 Elmora Ave

15 Filed [illegible] 19[illegible] C. PARSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1925, to Dec 19, 1926, that I last saw h[illegible] alive on Dec 18, 1926, and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 3 yrs. 6 mos. ds.

18 Where was disease contracted At Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin. Sym. Lab. findings

(Signed) C. W. Billups, M. D.

, 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cem	Dec 21 1926
20 UNDERTAKER	ADDRESS
W. H. Cook	507 E Fayette Ave

WRITE PLAINLY, WITH CONTRADO INK. THIS IS A PERMANENT RECORD. Every item of this state CAREFULLY. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16977 | 90 | E 16977

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3639 Falls Road St., 13 Ward)

2-FULL NAME George Simpson

(a) RESIDENCE NO. 3639 Falls Road St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 15-1847

7 AGE: Years 79 | Months 7 | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Pole Engr Machine Co

(c) Name of employer: Retired 3 years 30

9 BIRTHPLACE (city or town) —

(State or country) Virginia

PARENTS

10 NAME OF FATHER George Simpson

11 BIRTHPLACE OF FATHER (city or town) —

(State or country) Wales

12 MAIDEN NAME OF MOTHER Catharine [illegible]

13 BIRTHPLACE OF MOTHER (city or town) —

(State or country) Virginia.

14 Informant Miss Annie L. Simpson

(Address) 3639 Falls Road

DEC 20 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17th 1926 19

17 I HEREBY CERTIFY, That I attended deceased from January, 1923, to Dec 17th, 1926, that I last saw h[illegible] alive on Dec 16th, 1926, and that death occurred, on the date stated above, at 5.35 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Contributory

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) [illegible], M. D.

Dec 17 1926 (Address) 1300 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — Date of Burial Dec 21 1926

20 UNDERTAKER: Horace H. Burgee — ADDRESS 331 Falls Road

Name should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16978

E 16978

CERTIFICATE OF DEATH.

90

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Cheston Avenue ST. 15-5 WARD)

2-FULL NAME Gordon Hamilton Smith

(a) RESIDENCE No. 2005 Cheston Avenue ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sue Pearce Smith

6 DATE OF BIRTH (month, day, and year) December 19 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Finance Service Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Hamilton Tillard Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A. Co. Maryland

12 MAIDEN NAME OF MOTHER Fannie Nicholson Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis Maryland

14 Informant (Address) Charles G. Smith 2001 Hilton Street

15 Date received DEC 20 1926 Registrar C. HAMPSON JONES, M. D.

Per RRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19th 19 26

17

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1926, to Dec 19, 1926, that I last saw him alive on Dec 19, 1926, and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis - myocarditis - dilitation of heart.

Duration from personal knowledge about 6 mo. (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) myocarditis (duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Tibbett, M. D.

12/20 26 (Address) 2220 Garrison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec 22 1926
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 Mulberry St

MAJOR should be entirely supplied. ASK and ANSWER CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16979

CERTIFICATE OF DEATH.

X 118-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen Hosp. ST. 16-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Pitts

(a) RESIDENCE NO. Parkesville Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Pitts

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penna. R. R. Co.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Howard H Pitts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Cromwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant West Baltimore Gen. Hosp.

(Address) Rayner & Dukeland Avenues

15 C. HAMPSON JONES, M. D. Registrar

DEC 20 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1926

17 I HEREBY CERTIFY, That I attended deceased from 11/29, 1926, to 12/20, 1926, that I last saw him alive on 12/20, 1926, and that death occurred, on the date stated above, at 10:29 a m.

The CAUSE OF DEATH* was as follows:

Incarcerated Inguinal Hernia - (Bilateral)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/16/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-Ray

(Signed) Thos. B. Duncan, M. D.

12/20, 1926 (Address) West Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Dec. 23 1926

20 UNDERTAKER: Isaac B. Cook — ADDRESS: 1008 W. Balto

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16980

CERTIFICATE OF DEATH.

75-002 E 16980

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1126 N Gaylord St. Ward 16-6)

2-FULL NAME James H. Cole

(a) RESIDENCE NO. 1126 N Carlton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Cole

6 DATE OF BIRTH (month, day, and year) Jan 9th 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Cole

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Cuba

12 MAIDEN NAME OF MOTHER Mary E Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant William H Cole

(Address) 1126 N Carlton St

15 Filed C. HAMPSON JONES, M. D. Registrar

Per RKK

DEC 21 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. ds.

Signed Jno. J. Reedy M. D.

(Coroner)

18 (Address) 143 E. Pray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Dec 23rd 1926

20 UNDERTAKER Emmert E. Wright ADDRESS 1364 Kane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any form of abbreviation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 16981 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

128 E 16981

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital ST., #1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME BERGER, Julius M

(a) RESIDENCE NO. 1103 S. Potomac St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K. Berger

6 DATE OF BIRTH (month, day, and year) Aug 15, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Barge Petrolia #7

(c) Name of employer Standard Oil Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Alexander Berger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Burckhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Record (Address)

15 Filed DEC 21 1925, 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1926, to Dec 18, 1926, that I last saw him alive on Dec 18, 1926, and that death occurred, on the date stated above, at 11 o'clock P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Acute Jaundice also

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Laboratory tests

(Signed) W W Benton, M. D.

12-18, 1926 (Address) AA Surgeon U.S.P.H.S. U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz's Cemetery	Dec. 22 1926
UNDERTAKER Zirkler + Zirkler	ADDRESS 1739 E. Eager St

IMPORTANT—The Certificate should be filled out with typewriter or pen and ink. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16982

CERTIFICATE OF DEATH.

E 16982

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Fulton Ave ST. 14-2 WARD) 31

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sydney Joseph Peach

(a) RESIDENCE NO. 305 S. Fulton ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kate Theresa Peach

6 DATE OF BIRTH (month, day, and year) Aug 29, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tinner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph A. Peach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Boyter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Sally Herman
(Address) 320 S Fulton Ave

15 Filed DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18/26 19

17 I HEREBY CERTIFY, That I attended deceased from July 19 26 to Dec 18th 19 26.
that I last saw him alive on Dec 18 19 26,
and that death occurred, on the date stated above, at 6:15 m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John L Hough, M. D.
19 (Address) 1843 N Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 21 1926
20 UNDERTAKER	ADDRESS
Harry D. Witzke	1534 W. Fayette

N. B. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16983

CERTIFICATE OF DEATH

101-001

E 16983

REGISTERED NO.

1-PLACE OF DEATH Provident Hospital 61

City of BALTIMORE: (No. ____ St., 61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ella Nichols

(a) RESIDENCE NO. 1573 Jefferson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6, 1883.

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min..
	43	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waitress

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Monroe

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Bettie R. Hopkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Richmond Virginia

14 Informant Addie L. Reeves

(Address) 523 N. H. Washington Ave. C.

15 Filed ____ 19 ____ C. E. THOMPSON JONES, M. D.

DEC 27 1926 By ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 18 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from 12-14, 1926, to 12-18, 1926, that I last saw h[illegible] alive on 12-18, 1926, and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Acute Croupous Pneumonia

Pulmonary Edema

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? 1573 Jefferson St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

, 19 (Address) 708 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Auburn Cemetery	Dec 22 19 26
20 UNDERTAKER	ADDRESS
Mrs Isaac G. Bailey	1721 Jefferson St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16984
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Walbrook Ave ST., 15 WARD)

2-FULL NAME Anna Gedrich

(a) RESIDENCE No. 3501 Walbrook Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Gedrich

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer) none old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Gershenson
(Address) 41 N. Eutaw st. Balto

15 Filed DEC 21 1926 Per

C. MAXSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 19 26

17

I HEREBY CERTIFY, That I attended deceased from December 18, 1926, to December 20, 1926.

that I last saw her alive on December 20, 1926

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. H. Isaacs, M. D.

, 19 (Address) 182 E Balto st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herrun Lun	12/21 19 26
20 UNDERTAKER	ADDRESS
Jack Levis	1434 E Balto st

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 16985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16935

REGISTERED NO. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2622 Osrego ave ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Etta Fried

(a) RESIDENCE NO. 2622 Osrego ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jack Fried

6 DATE OF BIRTH (month, day, and year) March 21-88

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Fried

(Address) 2622 Osrego ave

15 Filed DEC 21 1926 C. HANSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1926

17 I HEREBY CERTIFY, That I attended deceased from August 15, 1926, to Dec. 21, 1926, that I last saw h alive on Dec. 20, 1926, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Frank M Forte M. D.

(Address) 1435 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	12/24 1926

20 UNDERTAKER Jack Levin ADDRESS 1439 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EACH ITEM OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bls.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16986

CERTIFICATE OF DEATH.

129 E 16986

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 S. Calhoun ST., 14-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret C. Vannosdeln

(a) RESIDENCE NO. 112 S. Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred unknown mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Vannosdeln

6 DATE OF BIRTH (month, day, and year) July 2, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	5	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lepp, Va.

PARENTS

10 NAME OF FATHER Milton Orndoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lepp, Va.

12 MAIDEN NAME OF MOTHER H. Lenderman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lepp, Va.

14 Informant George Vannosdeln

(Address) 112 S. Calhoun St.

15 Filed DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 18, 1926

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1926, to December 18, 1926.

that I last saw her alive on December 18th 1926

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw Novotny M. D.

12/28/26 (Address) 211 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	12-22 1926
20 UNDERTAKER Robert Brooks & Sons	ADDRESS Calhoun & Hollins

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16987

CERTIFICATE OF DEATH.

90 E 16987
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 E Biddle ST., 8th WARD)

2-FULL NAME Mary Margaret Weber

(a) RESIDENCE NO. 1526 E Biddle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad J Weber

6 DATE OF BIRTH (month, day, and year) March 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Butts Co
(State or country) Md

PARENTS

10 NAME OF FATHER Andrew Herman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Wagner

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant John Weber.
(Address) 1526 Biddle

15 Filed DEC 21 1926 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926, to Dec 19, 1926,

that I last saw h alive on Dec 19, 1926

and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos J Wilkerson M. D.

12/28/26 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 23 1926
20 UNDERTAKER Chas P Sterns	ADDRESS 1301 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16988

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

21-2 117

E 16988

REGISTERED NO.

CITY OF BALTIMORE: (No. 1241 James ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Urbanowicz

(a) RESIDENCE NO. 1241 James ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male W.	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mrs Frank Urbanowicz

6 DATE OF BIRTH (month, day, and year) Nov 19, 1894

7 AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	32	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Tony Urbanowich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Frank Urbanowicz
(Address) 1241 James St

15 Filed DEC 21 1926 C. HAMPSON BOYD M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926.

17

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1926, to Dec 19, 1926,

that I last saw him alive on Dec 19, 1926,

and that death occurred, on the date stated above, at 11:37 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Ruptured appendix

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 18 - 1926

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. O'Price, M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	12/22/ 1926
20 UNDERTAKER	ADDRESS
Chas B. Kruckemeyer	637 S. Paca St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16989

E 16989

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 4601 Garrison Av ST. 28-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Glenn Cook

(a) RESIDENCE NO. 4601 Garrison ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? 83 yrs. 3 mos. 5 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes B. Cook

6 DATE OF BIRTH (month, day, and year) Sept-15-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) from Real Estate

(c) Name of employer Business (Self)

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Columbus C. Cook

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Gaffin

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant Mrs. Cook. (Sons) (Address) 4601 Garrison Av City

15 Filed DEC 21 1926 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-19-1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19. a.m. 1926, to Dec 19. p.m. 1926, that I last saw him alive on Dec. 19 1926, and that death occurred, on the date stated above, at 5.41 P. m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilation of Heart

(day) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) W. S. Schemmel M. D.

, 19 (Address) 3401 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)

DATE OF BURIAL Dec 22 1926.

ADDRESS 103 W. NORTH AVE

N. B.—WRITE PLAINLY, with pencil or pen and ink. AGE should be carefully supplied. AGE should be stated EXACTLY in every case. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

E 16990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16990

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) #7 Ailsa Ave ST., 27-12 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Brooks Stone

(a) RESIDENCE No. #7 Ailsa Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6ft yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hettie A. Stone (deceased) Ida V. Stone (deceased)

6 DATE OF BIRTH (month, day, and year) April 15 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 509

(b) General nature of industry, business, or establishment in which employed (or employer) Merchandise

(c) Name of employer Isaac Benesch & Sons Inc

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland.

PARENTS

10 NAME OF FATHER William L. Stone

11 BIRTHPLACE OF FATHER (city or town) St. Mary's Co.

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Caroline Sadgrs

13 BIRTHPLACE OF MOTHER (city or town) St. Marys Co.

(State or country) Maryland.

14 Informant Miss Hilda Stone.

(Address) #7 Ailsa Ave

15 DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20 1926

17 I HEREBY CERTIFY, That I attended deceased from September 28, 1926, to December 20, 1926, that I last saw him alive on December 20, 1926, and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Chas. Wesley Stewart, M. D.

12/20, 1926 (Address) 1738 E. 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Dec 22 1926

20 UNDERTAKER H. Cook — ADDRESS 502 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16991

CERTIFICATE OF DEATH.

X 145-001

REGISTERED No. E 16991

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. ____ St. ____ Ward) 4-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mildred Van Horn Ford,

(a) RESIDENCE No. Lothian Maryland St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Alvin Ford

6 DATE OF BIRTH (month, day, and year) July 6, 1903

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
73.	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) ....

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm A Van Horn

11 BIRTHPLACE OF FATHER (city or town) ....

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary C Burnett

13 BIRTHPLACE OF MOTHER (city or town) ....

(State or country) Md

14 Informant Wm A Van Horn

(Address) 803 Beaumont Ave

Filed DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1926

17

I HEREBY CERTIFY, That I attended deceased from 11/16/26, 19 ..., to Dec 21, 1926, that I last saw h[illegible] alive on Dec 21, 1926, and that death occurred, on the date stated above, at 12 10 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pregnancy - Chronic Nephritis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of 12/1/26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. Motta M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Date of Burial Dec 22 1926

20 UNDERTAKER H. Cook ADDRESS 2002 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 16992 — REGISTERED NO. E 16992

1-PLACE OF DEATH

City of BALTIMORE: (No. 217 Scott St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abel C Hudson

(a) RESIDENCE NO. 217 Scott St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary M Hudson

6 DATE OF BIRTH (month, day, and year): Sept 24, 1865

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	61	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labourer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Hudson

11 BIRTHPLACE OF FATHER (City or town) (State or country): N.J.

12 MAIDEN NAME OF MOTHER: Mary Hendrickle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Mary M Hudson 217 Scott St

15 Filed DEC 24 1925 — C. HANSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/19/26 to 12/19/26,

that I last saw h[illegible] alive on 12/9/26, 19...,

and that death occurred, on the data stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Apoplexy

(duration) about 4 hrs. yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Data of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Bernard Fenny M. D.

12/20/26 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Dec 22 1926

20 UNDERTAKER: H. M. Cook — ADDRESS: 502 E Monument

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 16993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16993

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere & Roland Ave ST. 57 WARD)

2-FULL NAME William Merrikin

(a) RESIDENCE. No. Belvedere & Roland Ave ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia B. Hearn

6 DATE OF BIRTH (month, day, and year): Sept 4 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer): " "

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Merrikin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Elizabeth Kell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Mark Merrikin

(Address): Belvedere & Roland

C. THOMPSON JONES, M. D.

Registrar

15 FILED DEC 21 1926 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1927, to Dec. 20th, 1926, that I last saw him alive on Dec. 20th, 1926, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Myocarditis & Myocardiodegeneration of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetis Mellitis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Beacon, M. D.

12/26 1926 (Address) 3901 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemty

DATE OF BURIAL: Dec 22nd 26

20 UNDERTAKER: J. O. Mitchell & Sons

ADDRESS: 1900 Eutaw Pl.

DEC 21 1926

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

ASpec.—12-9-25—A Co.—200 Bks.

E 16994

817 Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16994

Sr. Charles Suicide

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4236 Fredericks Ave St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Schlossen

(a) RESIDENCE NO. 4236 Fredericks Ave St. 20th Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Schlossen

6 DATE OF BIRTH (month, day, and year): Sept 14th 1832

7 AGE: Years 94 | Months 3 | Days 4 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER: Andrew Streit

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Christianna Hermann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant: Wm H. Schlossen

(Address) 4236 Fredericks Ave

Filed Dec 21 1926, 19...

C. HAMPSON JONES, M. D.

Per R.E. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 18th 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1926, to Dec 18, 1926, that I last saw h.. alive on Dec 17, 1926, and that death occurred, on the date stated above, at 11 50 m.

The CAUSE OF DEATH* was as follows:

Senile decay

Contributory (Secondary) Cardiac failure (duration) 2 days

(duration) 10 days

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Phy. Signs

What test confirmed diagnosis?

(Signed) C Hampson Jones, M. D.

Dec 21 1926 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Dec 21 - 1926

UNDERTAKER: E. B. Wagaman ADDRESS: 850 N. Bond St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 16995 90 ✓ E 16995

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 825 E. 34th St., 9-1 Ward)

2-FULL NAME Vernon W. Smith

(a) RESIDENCE NO. 825 E. 34th St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vennie E. Smith

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: about 44 | Months: | Days: | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer): Owner

(c) Name of employer: Retired 2 yrs. Balto.

9 BIRTHPLACE (city or town)_____

(State or country): Md.

PARENTS

10 NAME OF FATHER: Wm E. Smith

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country): England

14 Informant: Mrs. Vennie E. Smith

(Address) 825 E. 34th St.

15 Filed DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 19 19 26

17 I HEREBY CERTIFY, That I attended deceased from May 1. 1926, to Dec 19. 1926, that I last saw him alive on Dec. 19. 1926, and that death occurred, on the date stated above, at 10.10 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia. Valvular Heart Disease (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) Herbert S. Blake, M. D.

12/20 19 26 (Address) 1014 N Fa yette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk Cem — Date of Burial: Dec 22 26

20 UNDERTAKER: Wm J Ecker Sons — ADDRESS: North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16996

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

180-E 16996

REGISTERED NO._____

City of BALTIMORE: (No. 231 S. Caroline St., 3rd Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lawrence

(a) RESIDENCE NO. 231 S Caroline St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 8 1924

7 AGE — Years: — Months: 2 — Days: 11 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER: James Lawrence

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Emma Edwards

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Virginia

14 Informant: Emma Lawrence

(Address) 231 S Caroline

15 Filed DEC 21 1926 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation when he accidentally rolled under cover in his bed accident

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. Hampson Jones M. D. (Coroner)

12/19 1926 (Address) Jones Hill Station

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — Date of Burial: Dec 21 1926

20 UNDERTAKER: Edward Bryan — ADDRESS: 169 Orleans St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

E 16997

CERTIFICATE OF DEATH.

E 16997

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2123 E. North Ave. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Leschefsky

(a) RESIDENCE NO. 2123 E. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Leschefsky

6 DATE OF BIRTH (month, day, and year) Mar 28/86

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER John Leschefsky

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Polan

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Polan

14 Informant Margaret Leschefsky

(Address) 2123 E North Ave

15 Filed DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

Per R.F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20/26

17

I HEREBY CERTIFY, That I attended deceased from July 21 1926 to December 19, 1926, that I last saw him alive on December 19, 1926, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Intestines

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 1 mos 15 ds.

18 Where was disease contracted Unknown

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical Appearance

(Signed) Albert Eisenberg, M. D.

12/20 1926 (Address) 2201 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial 12/22/26

20 UNDERTAKER Phil Henry ADDRESS 2016 Orleans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 16998 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16998

CERTIFICATE OF DEATH. Registered No. C.....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 1001 Bruce St. 17-2 Ward)

2-FULL NAME Dennis Black St.; yrs. mos. ds.)

(Residence in Baltimore: No. 1001 Bruce

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE. Black

5-Single, Married, Widowed, or Divorced, (Write the word.)

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1..... (Year)

7-AGE. 63 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country).

PARENTS.

10-NAME OF FATHER.

11-BIRTHPLACE OF FATHER, (State or Country).

12-MAIDEN NAME OF MOTHER.

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant).....

(Address).....

15- C. HAMPSON JONES, M. D. Registrar.

Filed DEC 21 1926

0878

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 15 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infection of Leg

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Septicemia (Duration) yrs. mos. ds.

Dec 18th 1926 (Signed) J. C. Bloodgood M. D. Coroner (Address) 1426 Henry

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. ....., 19

20-UNDERTAKER. ADDRESS

HOPKINS HOSP... Commissioner Health DEC 21 1926

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 16999

HEALTH DEPARTMENT—CITY OF BALTIMORE E 16999

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH City of BALTIMORE: (No. Md Genl Hosp. St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bradford

(Residence in Baltimore: No. N 16 Front St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male.

4-COLOR OR RACE, Black

5-Single, Married, Widowed, or Divorced. (Write the word.)

6-DATE OF BIRTH. ..... (Month) ..... (Day) 1..... (Year)

7-AGE. 35 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work ..... (b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country).

PARENTS.

10-NAME OF FATHER,

11-BIRTHPLACE OF FATHER, (State or Country),

12-MAIDEN NAME OF MOTHER,

13-BIRTHPLACE OF MOTHER, (State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15-DATE RECEIVED, 1926. WATSON JONES, M. D. Registrar.

Per .....

DEC 21 1926

THE MORGUE 0876

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 7 (Month) (Day) 1926 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Ac Dil Nephritis

(Duration) 2 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

Dec 7 1926 (Address) 1482 N Bway

(Coroner) G E Walker M. D.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents). At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, 19

20-UNDERTAKER. ADDRESS

JOHNS HOPKINS HOSPITAL DEC 21 1926 Commissioner Health

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17000

REGISTERED NO. E 17000

1-PLACE OF DEATH

City of BALTIMORE: (No. 2333 Frederick Ave Ward 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Alice Hendricks

(a) RESIDENCE NO. 2333 Fredricks Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joshua Hendricks

6 DATE OF BIRTH (month, day, and year): Oct 3rd 1861

7 AGE: Years 65 Months 2 Days 16 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Frank Turner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant (Address) Joshua Hendricks 2333 Frederick Ave

15 Filed..... C. HARRISON JONES, M. D. Registrar

DEC 21 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, Inquest and from the following facts investigated by me find that said deceased came to.....death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 15 Min.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....ds.

Signed Thos. B. Horton M. D.

Dec 20 1926 (Address) Curtis Bay (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial 12/22/1926

20 UNDERTAKER: Geo. Weber Sons — ADDRESS 2503 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co. 1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 17001

REGISTERED NO.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 E. 25th ST.) 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ignatius Seybold

(a) RESIDENCE. No. 423 E. 25th ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Lana Ellen Seybold

6 DATE OF BIRTH (month, day, and year) April 2nd 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Building Construction

(c) Name of employer Frederick Co. Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Peter C. Seybold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md

12 MAIDEN NAME OF MOTHER Mary Ann White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Lana Ellen Seybold

(Address) 423 E. 25th St

15 Filed DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19th 1926

17 I HEREBY CERTIFY, That I attended deceased from October 15th 1926 to Dec 19th 1926, that I last saw him alive on December 19th 1926, and that death occurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (duration) 1 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? — no —

What test confirmed diagnosis? Clinical Examination

(Signed) William Sullivan, M. D.

12/20. 1926 (Address) 1701 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Charles Cemetery Pikesville Md.	Dec 22 1926
20 UNDERTAKER	ADDRESS
Martin Fahey & Sons.	1821 N Wall Ave

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17002

CERTIFICATE OF DEATH

100-001

E 17002

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1402 E. Biddle St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary. L. Hanna

(a) RESIDENCE NO. 1402 E. Biddle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 3 mos. 23 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or WIFE of) James A. Hanna

6 DATE OF BIRTH (month, day, and year) August 26 1847

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	79	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John Seitz.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Bymart

12 MAIDEN NAME OF MOTHER Miss Pratt

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Miss. Charlotte L. Hanna

(Address) 1402 E Biddle St

DEC 21 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov - 25, 1926, to Dec 19 - 1926,

that I last saw her alive on Dec 19 1926,

and that death occurred, on the date stated above, at 8.05 P.M.

The CAUSE OF DEATH* was as follows:

Cerebro - Pneumonia - (Senile)

(duration) yrs. 4 Wks - ds.

CONTRIBUTORY (Secondary) General Debility

(duration) yrs. 2 Wks - ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? -

(Signed) Frank A Bruce M. D.

(Address) 125 E Pratt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — Date of Burial Dec 23 1926

20 UNDERTAKER Henry Koch Son — ADDRESS 130 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17003

E 17003

REGISTERED NO. 31

1-PLACE OF DEATH

City of BALTIMORE: (No. 4819 Delaware Ave. St. (Public) 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Dippold (Deceased)

(a) RESIDENCE NO. 4819 Delaware Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Charlotte C. Dippold

6 DATE OF BIRTH (month, day, and year) Not Stated

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Martin Dippold

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Fleischman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Charlotte C. Dippold

(Address) 4819 Delaware Ave

15 Filed DEC 21 1926 C. E. LAWSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1926, to Dec 20, 1926, that I last saw him alive on Dec 20, 1926, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 2 yrs. (duration)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home & business

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Bacteriological

(Signed) E. E. Nichols, M. D.

12-21-1926 (Address) Pikesville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial Dec. 23 19 26

20 UNDERTAKER Henry Hoch & Son ADDRESS 1301 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12 9 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17004

CERTIFICATE OF DEATH.

90

E 17004

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Hirt

(a) RESIDENCE NO. 829 N. Eutaw St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Christina Hirt

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Roller Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER John Hirt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bavaria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not Known

14 Informant Christina Hirt

(Address) 829 N Eutaw St

15 Filed ....., 19..... C. EARLSON JONES, M. D. Registrar

DEC 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12-19-26

17

I HEREBY CERTIFY, That I attended deceased from 12-8-26, 19 26, to 12-19, 19 26,

that I last saw h.. alive on 12-19-, 19 26,

and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

1. Chr. Myocarditis Hypertrophy

2. Arteriosclerosis

(duration) 2 yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Pneumonia (Lobar)

(duration) ....yrs. ....mos. 3 ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms, Signs, Lab

(Signed) Wilbur Carlson, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Dec 22 1926

20 UNDERTAKER: Frank Crockett Son — ADDRESS: 1966 Bland

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 17005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74001

E 17005

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. Zaloudek

(a) RESIDENCE NO. 413 N. Bradford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Zaloudek

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40 39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Zaloudek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Valis

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant Anna Zaloudek Bradford St.

(Address)

15 Filed DEC 21 1926 16 FRANCIS X. JONES, M. D. Registrar

For

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13, 26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined no autopsy

(duration) yrs. mos. ds.

(Signed) Joseph Zaloudek M. D.

(Coroner)

12/21-26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial Dec 13 19 26

20 UNDERTAKER Grant Crooks on ADDRESS 1906 E. Monu

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 17006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17006

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 N Hilton St, ST. 15-6 WARD) 11-001

2-FULL NAME Thomas Joseph Gerahty

(a) RESIDENCE NO. 3000 N. Hilton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Thomas Joseph Gerahty

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Nellie Stotelmyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Father (Address) 3000 N Hilton St

15 Filed DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1926, to Dec 20 1926, that I last saw him alive on Dec 20 1926 and that death occurred, on the date stated above, at 4.45 A. m.

The CAUSE OF DEATH* was as follows:

Influenza (duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia, bronchs. (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John C. Baldwin, M. D.

, 19 (Address) 1014 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville	12/21/1926
20 UNDERTAKER	ADDRESS
L. T. Talley & Sons	1316 Eight St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

Spec.—1-12-23—M&T—500 Bks.

E 17007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17007

21

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Max Oleczust

(a) RESIDENCE NO. 9 Cedar St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Wadie Ogorzka

(Address) 23 Church St

15 DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926, to Dec 20, 1926, that I last saw him alive on Dec 20, 1926, and that death occurred, on the date stated above, at 6 45 a. m.

The CAUSE OF DEATH* was as follows:

Erysipelas Faciales

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

12-21-1926 (Address) Sydenham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Brors Cem

DATE OF BURIAL Dec 21 1926

20 UNDERTAKER Frank Crockson

ADDRESS 1906 Eutaw

NOTE.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIAN'S date of death should be stated EXACTLY. AGE should be carefully supplied. OCCUPATION information should be properly classified. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

(Antonio Catania)

E 17008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17008

CERTIFICATE OF DEATH.

101-001

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 96-7 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catania, Antonio

(a) RESIDENCE No. 411½ Eastern Ave, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	w	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy (Calabria)

PARENTS

10 NAME OF FATHER Antonio Catania

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Geoffry Catarina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mr. Pipitone (Address) JOHNS HOPKINS HOSPITAL

15 DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20th 1926

17

I HEREBY CERTIFY, That I attended deceased from 12/19, 1926, to 12/20, 1926,

that I last saw him alive on 12/20, 1926,

and that death occurred, on the date stated above, at 6¹⁰ p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Cardiac failure

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Milton Sherry, M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Dec 22nd 1926

20 UNDERTAKER Frank J Cipriani

ADDRESS 2818 E Baltimore

P. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17009

E 17009

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. University of Md Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Muller

(a) RESIDENCE NO. Oakwood A.A. Co. St. Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. — mos. 1 ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Christina Canton Muller

6 DATE OF BIRTH (month, day, and year) Feb. 16, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Hungary

PARENTS

10 NAME OF FATHER Anton Muller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hungary

12 MAIDEN NAME OF MOTHER Helen Khonal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Hungary

14 Informant Peter Muller (Brother)

(Address) Glenburnie Ave Rosedale

15 Filed DEC 21 1926 C. HAMPSON JONES, M. D. Registrar

Per RPR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar, Resident

Strictures

Hemorrhage Carcinoma

Duration yrs. Bladder (Primary) mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) [signature] M. D.

(Coroner)

, 19 2 (Address) 3325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A.A. Co. Date of Burial: Dec 23 1926

20 UNDERTAKER: Margaret D. Flynn ADDRESS: 1417 Light St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 17010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17010

31

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N. Carey ST. 16-7 WARD)

2-FULL NAME James Joseph Harrington

(a) RESIDENCE No. 620 N. Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rich

6 DATE OF BIRTH (month, day, and year) Dec. 14 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city

PARENTS

10 NAME OF FATHER James P. Harrington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Annie McHenry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Dorothy Rich
(Address) 620 N. Carey

15 C. HAMPSON JONES, M. D. Registrar
Per .....

C 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1925. to Dec 19 1926
that I last saw h[illegible] alive on Dec 19 1926,
and that death occurred, on the date stated above, at 9 P. m.
The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemmatage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Seymour T. Abbott M. D.
(Address) 832 N. Carolina
, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 12/22nd 1926

20 UNDERTAKER H. Browning Son

ADDRESS 51 W. Saratoga St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17011

CERTIFICATE OF DEATH.

E 17011

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ... ST., 7-1 WARD)

2-FULL NAME Joseph Donnell

(a) RESIDENCE NO. Brooklyn, N. Y. ST., ... WARD
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) - 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New York City
(State or country)

PARENTS

10 NAME OF FATHER John Donnell

11 BIRTHPLACE OF FATHER (city or town) New York
(State or country)

12 MAIDEN NAME OF MOTHER Marie Healy

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N Y

14
Informant
(Address)

15
Filed ..., 19...
C. HAMPSON JONES, M. D., Registrar
By RRH

DEC 21 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1926

17
I HEREBY CERTIFY, That I attended deceased from Dec. 18th, 1926, to Dec. 21st, 1926,
that I last saw him alive on Dec 20th, 1926,
and that death occurred, on the date stated above, at 8.25 P. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor
Dural Endothelioma, (benign)

(duration) ... yrs. 10 mos ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of 12/20/26

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) George G. Finney, M. D.

Dec 21st, 1926 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New York City	12/21/26
20 UNDERTAKER Joseph ...	ADDRESS 221 Bway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

É 17012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

É 17012

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp St. 15-13 Ward)

2-FULL NAME John Dorsey

(a) RESIDENCE NO. 1351 N Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 18-1844

7 AGE: Years 82 Months 7 Days 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) St Marys Co

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) St Mary's Co

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Howard Dorsey

(Address) 1351 N. Carey St

15 Filed DEC 22 1926 C. H. THOMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

St. Car Accident

Fracture of Skull 4 hrs.

(duration)

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 1 ds.

Dec 23 (Signed) C. C. Yates M. D.

(Coroner)

19 (Address) 1430 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morgana St Mary Co Date of Burial: Dec 27 26

20 UNDERTAKER: Virgin & Brooks ADDRESS: 1463 N. Carey

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17013

CERTIFICATE OF DEATH.

E 17013

57

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Warren ST. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Wesley Byrd

(a) RESIDENCE No. 204 Warren Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Byrd

6 DATE OF BIRTH (month, day, and year) 7-14-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	65	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Coal Yard

(c) Name of employer W. J. Chapman

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John W C Byrd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary E Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ida M Byrd

(Address) 204 Warren ave

15 Filed DEC 22 1926. 19 C. HAMPSON JONES, M. D. Registrar

Per R R L

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1920, to Dec 18, 1926, that I last saw him alive on Dec 18, 1926 and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G D Buxton, M. D.

12/23 1926 (Address) 301 E. Cross St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Dec 23 1926

UNDERTAKER John F. Denny — ADDRESS 715 Light St

BE SURE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 17014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-006

E 17014

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 Kate Ave ST. 45-2 WARD)

2-FULL NAME Elizbeth Chaney

(a) RESIDENCE. NO. 2821 Kate Ave ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Chaney

6 DATE OF BIRTH (month, day, and year) June 25 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hoteville Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rachael Condon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md

14 Informant Mrs Hattie Quarles

(Address) 2821 Kate Ave

15 DEC 22 1926

C. HAMPSON JONES, M. D. Registrar

For RKK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-19- 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec-16 . 1926 . to Dec 19 . 1926 .

that I last saw h alive on Dec-19 . 1926 .

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar
(Fatal cause)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wesley Cole, M. D.

(Address) 2202 Monument Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 22 1926
20 UNDERTAKER	ADDRESS
John G. Deuny Funeral Director	715 Light

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

17015

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 17015

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 E. Fairmount ST. 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret Schmitt

(a) RESIDENCE NO. 1924 Fairmount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 51 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Schmitt

6 DATE OF BIRTH (month, day, and year) June 1, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Bavaria (State or country) Germany

PARENTS

10 NAME OF FATHER Anton Brandt

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Germany

12 MAIDEN NAME OF MOTHER ? Courtad

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Germany

14 Informant (Address) Husband - John Schmitt 1924 Fairmount

Filed DEC 22 1926 19 C. NAMPSON JONES, M. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1926, to Dec. 20, 1926, that I last saw her alive on Dec. 20, 1926 and that death occurred, on the date stated above, at 11 15 a.m.

The CAUSE OF DEATH* was as follows:

General abdominal carcinomatosis.

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1924 Fairmount Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) Geo. B. Sybert, M. D.

, 19 (Address) 2802 Harford ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — DATE OF BURIAL 12/23 1926

UNDERTAKER George J. Ruth — ADDRESS 1735 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 17016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17016

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1725 Lamont Ave ST., 9-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Klaman

(a) RESIDENCE NO. 1725 Lamont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Klaman

6 DATE OF BIRTH (month, day, and year) 9-16 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework (?)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (At Sea)

(State or country) Donegal Ireland

PARENTS

10 NAME OF FATHER Francis Kelly

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret McKenna

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Margaret Klaman

(Address) 1725 Lamont Ave

15 Filed DEC 22 1926, 19 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to Dec 21, 1926,

that I last saw her alive on Dec 19, 1926,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Arteriosclerosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry C. Hyde, M. D.

12/21 1926 (Address) 1100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 12-23-26 19

UNDERTAKER George J. Butler

ADDRESS 235 Hayward

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17017

38

E 17017

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 345½ Forest St. 5-2 Ward)

2-FULL NAME Myrtle Mitchell

(a) RESIDENCE NO. 345½ Forest St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Do

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER Harry Reynolds

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Va

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Myrtle Mitchell

(Address) Wash D C

Filed DEC 22 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Dec 20

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926, to Dec 20, 1926 that I last saw her alive on Dec 20, 1926, and that death occurred, on the date stated above, at 6⁰⁰ A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. Stephen, M. D.

12-21, 1926 (Address) 508 Fremont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Asbury Cem 12/22 1926

20 UNDERTAKER ADDRESS

Byron Wright 1218 McElderry St

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Nash.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17018

90 E 17018

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2323 E Preston St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Nutt

(a) RESIDENCE NO. 2054 2324 Guilford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 45 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook - Ord

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER: K. Roy

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: A. Dickey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va

14 Informant: M. Compton

(Address): 2324 Guilford

Filed DEC 22 1926, 19.. C. HAMPSON JONES, M. D. Registrar

Per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18 26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) T. O'Reilly M. D.

(Coroner)

Dec 21, 1926 (Address) 1699 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lester Manor Va

Date of Burial: 12/22/26

20 UNDERTAKER: Mrs. A. G. Elliott

ADDRESS: 1722 Eastern Ave

IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17019 191 ✓ **E 17019**

1-PLACE OF DEATH

City of BALTIMORE: (No. Unnamed Road St., 27-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Stokes

(a) RESIDENCE NO. 533 W Barre St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 15 1891

7 AGE: Years 35 Months 11 Days 6 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER James E Brooks

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Susan Tan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Vance Brooks

(Address) 533 Barre St

15 FILED DEC 22 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18/ 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wounds of Thorax & abdomen (A) Homicidal

Hemorrhage Left Lung

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage Lung

(duration) yrs. mos. ds.

(Signed) Chas. Preston M. D.

(Coroner)

19 26 (Address) 3325 Pat Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interment Valley Date of Burial 12/23 1926

20 UNDERTAKER: Engaged J J Hooper ADDRESS 406 W Lanvale St

IT IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17020

CERTIFICATE OF DEATH.

129 E 17020

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Eutaw Place St. 14-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa M. Hollander

(a) RESIDENCE NO. 1802 Eutaw Place. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer Hollander

6 DATE OF BIRTH (month, day, and year) Feby. 7th. 1844.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .... min.
	82	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bavaria.

PARENTS

10 NAME OF FATHER Morris Mayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria.

12 MAIDEN NAME OF MOTHER Hannah Oswold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria.

14 Informant Dr. Jacob H. Hollander

(Address) 1802 Eutaw Place

15 Filed DEC 27 1926 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20th. 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 22, 1926, to Dec 20, 1926, that I last saw him alive on Dec 20, 1926, and that death occurred, on the date stated above, at 8-30 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Chronic Nephritis Symptoms (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

Dec 21, 1926 (Address) 1207 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Har Sinai Cemetery	12/22/ 1926

20 UNDERTAKER Hurd Londheim

ADDRESS 1820 W. Mt. Royal Ave

AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 17021

CERTIFICATE OF DEATH.

E 17021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 N Mount ST. 16-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Williams

(a) RESIDENCE NO. 1026 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City:
(State or country)

PARENTS

10 NAME OF FATHER Berry Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Viola Cole

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Berry Williams
(Address) 1026 N Mount St

15 Filed DEC 22 1926 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 19 26, to Dec 21, 19 26,
that I last saw h[illegible] alive on Dec 20, 19 26,
and that death occurred, on the date stated above, at 1 a m.
The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) B. F. Haleker, M. D.

12/21, 1926 (Address) 1026 N Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Dec 23 1926

20 UNDERTAKER Samuel Easton ADDRESS Paine

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17022

CERTIFICATE OF DEATH.

31

REGISTERED NO. E 17022

1-PLACE OF DEATH

City of BALTIMORE: (No. Bal. City Hospitals, 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles G. Fax

(a) RESIDENCE NO. 945 Linden ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Fax

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	37	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Dr

(c) Name of employer

9 BIRTHPLACE (city or town) Ralph Cty

(State or country) Md

PARENTS

10 NAME OF FATHER Chas Fax

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Nate Rose

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Bessie Fax

(Address) 945 Linden ave

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

DEC 22 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1925

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) X yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Jno. H. Landers M. D. (Coroner)

Dec 24 19 26 (Address) 7 asq Chas ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 37 yrs., mos., In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

945 Linden ave

Former or usual residence 945 Linden ave

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Dec 21 1926

20 UNDERTAKER Samuel Easton ADDRESS Eare 916

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 17023

CERTIFICATE OF DEATH.

E 17023

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1423 Penna Ave St., 14 Ward)

2-FULL NAME Henry Jones

(a) RESIDENCE NO. 1423 Penna Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 9-1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Henry Jones

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Brahm

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Henry Jones
(Address) 1423 Penna ave

15 Filed DEC 22 1926. C. FRAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1926

17 I HEREBY ~~CERTIFY~~ that I ~~viewed~~ the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) Pharyngitis

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. Lee Diggs M. D.
(Coroner)

(Address) 1436 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: Dec 22 1926

20 UNDERTAKER Hamilton — ADDRESS 916 Gay St.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Bladen Broadway, Fayette

E 17024

CERTIFICATE OF DEATH

75-002 E 17024

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No.) 2037 Mura Street St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Caldwell

(a) RESIDENCE NO. 2037 Mura St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Caldwell

6 DATE OF BIRTH (month, day, and year) June 6 - 1847

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	79	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Mrs Florence Walker

(Address) 2037 Mura Street

15 Filed DEC 22 1926

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1926, to Dec 20, 1926, that I last saw him alive on Dec 19, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Phy Exam

(Signed) C. E. Bladen, M. D.

19 (Address) 1434 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial 12/22 1926

20 UNDERTAKER Wm Cook — ADDRESS Sole North Ave

I. IF BIRTH OCCURRED IN BALTIMORE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 17025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 17025

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 15-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Everett

(a) RESIDENCE No. 1625 Friendsbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, ~~or Divorced, (write the word)~~: Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ or) WIFE of Francis Robert Everett

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Lenhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Kate Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: Mrs. J. Ogden

(Address) 1132 E. Lexington St.

15 Filed DEC 22 1926 19 C. MARTON JONES, M. D., Registrar

By KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Decbr 21 1926

17 I HEREBY CERTIFY, That I attended deceased from October 31, 1926, to Decbr 21, 1926,

that I last saw h e alive on Decbr 21, 1926,

and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Carcinoma of the Pectus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Post operative embolus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Decbr 21 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jacob A Linden, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 12/24/26

20 UNDERTAKER: Julius Levi

ADDRESS: 512 E Lexington

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Hks.

E 17026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

E 17026

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 612 E. Fort Ave. St. 24-1 Ward)

2-FULL NAME Norma D. Cullum

(a) RESIDENCE NO. 612 E. Fort Ave. St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) October 6, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	---	2	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Norman Cullum.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Aberdeen Md.

12 MAIDEN NAME OF MOTHER Elma J. Leonard.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant Norman Cullum. (father)
(Address) 612 E. Fort Ave.

15 Filed 19 C. HAMPSON JONES, M. D.
DEC 22 1926 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)
(duration) ...yrs. ...mos. ...ds.

Otto M. Reinhardt (Coroner) M. D.

12/22 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial 12/22 1926

20 UNDERTAKER J. Frew McCully ADDRESS 130 E. Fort

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21—M&T—1500 Blks.

E 17027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17027

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Penna av St., 17-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irma Washington

(a) RESIDENCE NO. 508 Penna av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col-

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE: Years 30 | Months — | Days ✓ | If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Household work

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Hester Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Wm Anderson

(Address): 508 Penna av

Filed DEC 22 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19 19 26

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 19 26, to Dec 19th, 19 26,

that I last saw h[illegible] alive on 12/19, 19 26,

and that death occurred, on the date stated above, at 10 30p m.

The CAUSE OF DEATH* was as follows:

Chronic Int Nephritis

(duration) yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Acute Endocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustav Goldman, M. D.

, 19 (Address) 606 N Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

DEC 22 1926

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17028

CERTIFICATE OF DEATH

38

E 17028

REGISTERED NO.

1-PLACE OF DEATH Providence Hosp Bal

City of BALTIMORE: (No. 413 W. Biddle St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Stevenson

(a) RESIDENCE NO. 1002 N. Dallas St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Callie Stevenson

6 DATE OF BIRTH (month, day, and year): unk

7 AGE: Years 50 Months Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Virginia

PARENTS

10 NAME OF FATHER Patrick Stevenson

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Keys Va

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) unk

14 Informant: Providence Hospital

(Address) 413 W Biddle

15 Filed: C. HAMPSON JONES, M. D. Registrar

DEC 22 1926

By: RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1926, to Dec 20, 1926, that I last saw h— alive on Dec 19, 1926, and that death occurred, on the date stated above, at 1.25 P.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

Acute Myocarditis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) W. L. Berry, M. D.

, 19 (Address) 15 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Keys Va — Date of Burial: Dec 22 1926

20 UNDERTAKER: John W Henderson — ADDRESS 1502 E Monument

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

1926 97
19E 17029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

52 E 17029

1-PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Hooper

(a) RESIDENCE NO. 2630 N. Eden ST., Collington-Ave WARD Balto-
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 3 - 1913

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13 yrs -	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) Md -
(State or country)

PARENTS

10 NAME OF FATHER Elmer Hooper

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Annie Schaffer

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant Records -
(Address)

15 Filed DEC 22 1926 C. HAMPSON JONES, M. D.
By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec - 20 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8 , 1926 to Dec - 20 , 1926 ,
that I last saw her alive on Dec - 20 , 1926 ,
and that death occurred, on the date stated above, at 5 25- A - m.

The CAUSE OF DEATH* was as follows:

Rheumatic Cardiac Disease

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) I. Ridgeway Trimble, M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec 1926
20 UNDERTAKER	ADDRESS
Jos C. Miller & Son	2334 Jefferson

EC 22 1926

BEFORE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17030

CERTIFICATE OF DEATH.

10 E 17030

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Forest Park Ave. ST. 28-2 WARD)

2-FULL NAME Stanley Leroy Stauffer

(a) RESIDENCE NO. 32 Forest Park Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 9th 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	7	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Clarence B. Stauffer
11 BIRTHPLACE OF FATHER (city or town) Alberton
(State or country) Md.
12 MAIDEN NAME OF MOTHER Edna V. Engle
13 BIRTHPLACE OF MOTHER (city or town) Alberton
(State or country) Md.

14 Informant Clarence B. Stauffer
(Address) 32 Forest Park Ave.

15 Filed DEC 22 1926 19 C. HARRISON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22nd. 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1926, to Dec 22, 1926, that I last saw him alive on Dec 22, 1926 and that death occurred, on the date stated above, at 1.15 A. m.

The CAUSE OF DEATH was as follows*:

Diphtheria

from history (duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Diphtheria from history (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Physical

(Signed) W. S. Nevitt M. D.

12/22 6 (Address) 2220 Garrison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockland Md. DATE OF BURIAL Dec 27th 1926

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St.

E 17031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

26-6179

Registered No. E 17031.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hosiptal St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Hodge Jr.

(Residence in Baltimore: No. 309 South Third Street St.; yrs. 2 mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Single

6-DATE OF BIRTH. May, 3rd. 1923
(Month) (Day) (Year)

7-AGE. 3 yrs. 7 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE. (State or Country). Waycross, Ga.

PARENTS.

10-NAME OF FATHER. James H. Hodge

11-BIRTHPLACE OF FATHER. (State or Country). Waycross, Ga.

12-MAIDEN NAME OF MOTHER. Grace Pittman

13-BIRTHPLACE OF MOTHER. (State or Country). Waycross, Ga.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
James. H. Hodge
(Informant)
309 S. 3rd. Street.
(Address)

13- DEC 22 1926 HAMPSON JONES, M. D.
(Date) 19..
Per ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. December. 21st. 1926
(Month) (Day) (Year)

I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns over greater portion of back of body, when he fell backward in tub of Hot water (Duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia (Pneumonia) (Duration) ..... yrs. ..... mos. 5 ds.

(Signed) James M. Fenlon M. D.
(Coroner)
12/22 1926 (Address) 700 E. Chase Street

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. 14 ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? 309 S 3d St

Former or usual residence 309 S 3d St

19-PLACE OF BURIAL OR REMOVAL. Merchon. Ga. DATE OF BURIAL. Dec 23. 1926

20-UNDERTAKER. Joseph Cook ADDRESS 1003 N Calvert St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17032

1-PLACE OF DEATH

113

REGISTERED NO. E 17032

City of BALTIMORE: (No. 1525 Orleans St St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earl Smith

(a) RESIDENCE NO. 1525 Orleans St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ dt. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ dt.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of xxxxx

6 DATE OF BIRTH (month, day, and year) Sept 6/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER Warren Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Joyner

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Josephine Joyner

(Address) 1525 Orleans St

Filed DEC 22 1926 HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 19/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro-intestinal Indigestion

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) J. H. Powell M. D.

(Coroner)

12/21/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
asbury cemetery	Dec 22 1926

20 UNDERTAKER Edward Borjan ADDRESS 631 orleans st

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17033

REGISTERED NO. E 17033

1-PLACE OF DEATH

City of BALTIMORE: (No. 628 W. Montgomery St. St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Bowden.(C)

(a) RESIDENCE NO. 628 W. Montgomery St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	Colored	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	28	---------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) North Carolina.

PARENTS

10 NAME OF FATHER Thomas Bowden.(C)

11 BIRTHPLACE OF FATHER (city or town)

(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Luvenia ------(C)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina.

14 Informant Paul Flood.(C)

(Address) Kelford, N.C.

Filed DEC 22 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 15, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M Reinhardt (Coroner) M. D.

12/21 1926 (Address) 1017 E. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kelford, N. C. Date of Burial Dec. 22 1926

20 UNDERTAKER J. L. Brown & Son ADDRESS 1310 W. Monument St

(If death occurred from any disease which must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17034

CERTIFICATE OF DEATH

57

E 17034

1-PLACE OF DEATH Bon Secours Hospital — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2013 ST. ..... WARD)

2-FULL NAME Mrs. Mary E. O'Brien

(a) RESIDENCE No. 406 N. Price ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed, or divorced~~ HUSBAND of or) WIFE of: Edward O. Brien

6 DATE OF BIRTH (month, day, and year): April — 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Wilmington Del

PARENTS

10 NAME OF FATHER: James Schields

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wilmington Del

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Edward O Brien
(Address) 406 N. Price St

15 [illegible] C. HAMPSON JONES, M. D.
Registrar

DEC 22 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1926. to Dec. 21, 1926.

that I last saw h[illegible] alive on Dec. 20, 1926,

and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

History (duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lefevre, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Dec 23 1926

UNDERTAKER: Robt J Turner & Sr — ADDRESS: 1442 N. Broadway

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state it in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 17035

E 17035 1-REGISTERED NO.

REGISTERED NO.

City of BALTIMORE: (Park Heights Strathmore Wards.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Moses

(a) RESIDENCE NO. Park Heights Ave Strathmore Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Moses

6 DATE OF BIRTH (month, day, and year) Feb 25 1851

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Bert Moses

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Fannie Jakobs

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Phillip J. Moses

(Address) Park Heights Ave

15 Filed DEC 22 1926, 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1926.

17 I HEREBY CERTIFY That I attended deceased from Dec 6 26, to Dec 21 26, that I last saw him alive on Dec 21 26, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis; Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Abraham Stark M. D.

, 19 (Address) 2510 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cemetery Date of Burial Dec 23/1926

20 UNDERTAKER J. Ahrens & Co ADDRESS 331 Pastorum

DEC 22 1926

For Registrar

Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 17036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17036

CERTIFICATE OF DEATH.

87

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3904 Greenway (Guilford) St., 12th Ward)

2-FULL NAME George A. Blake

(a) RESIDENCE NO. 3904 Greenway St. Guilford. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett A Blake.

6 DATE OF BIRTH (month, day, and year) Aug 22 - 1833

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	93	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 016

(b) General nature of industry, business, or establishment in which employed (or employer) Banker & Builder

(c) Name of employer —

PARENTS

9 BIRTHPLACE (city or town) _____ (State or country) Ireland

10 NAME OF FATHER Martin Blake

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Kelly

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Ireland

14 Informant Julia M Blake

(Address) 3904 Greenway.

Filed 12 23 1926, 19 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 - 20th 1926

17 I HEREBY CERTIFY, That I attended deceased from May 2nd, 1926, to Dec 20th, 1926, that I last saw h.im alive on Dec 19th, 1926, and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Adema

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pericarditis with effusion (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George M Elwood, M. D.

, 19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial 12-23-26

20 UNDERTAKER E & B Earle ADDRESS 115 E West St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 17037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 49 E 17037

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-1 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Hastings

(a) RESIDENCE NO. Crisfield, md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ida Hastings

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 0/6

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Joe Hastings

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Hospital Record.

(Address)

Filed DEC 22 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21/1926

17 I HEREBY CERTIFY, That I attended deceased from 12/20/26, 19 , to 12/21/26, 19 ,

that I last saw him alive on 12/21/26, 19 ,

and that death occurred, on the date stated above, at 3 45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head of pancreas
& post peritoneal lymph glands
ruptured into duodenum

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac failure & acute dilatation of stomach

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Laparotomy

Did an operation precede death? yes Date of 12/20/26

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) J. L. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crisfield Md. DATE OF BURIAL 12-27 1926

20 UNDERTAKER E H B Hale 115 ADDRESS E Main St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17038

E 17038

CERTIFICATE OF DEATH.

REGISTERED No. C 179

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 S Smallwood St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. Parsons

(Residence in Baltimore: No. 363 S Smallwood St St.; 58 yrs., 11 mos. 23 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH, Dec. (Month) 27 (Day), 1868 (Year)

7-AGE, 58 yrs. 11 mos. 23 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Brick Layer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Balto. Md.

PARENTS.

10-NAME OF FATHER, Wm H. Parsons

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Mary E. Gosnell

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Ida B. Parsons

(Address) 303 S. Smallwood St.

15- DEC 22 1926 C. HAMPSON JONES, M. D. 191... Per ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December (Month) 20 (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1926, to December 20 1926, that I saw him alive on December 20 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cystitis Following Chronic Prostatitis

Endocarditis (Contributory)

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. 2 mos. ds.

(Signed) Robert C Ketcham M. D.

Dec 22, 1926 (Address) 215 W Baltimore

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec. 23, 1926

20-UNDERTAKER: George E. Schwartz — ADDRESS: Eastern Ave

important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17039

E 17039

129

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 W. Hamburg ST. 23-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Toner

(a) RESIDENCE No. 112 W. Hamburg ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo M. Toner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Annie E. Seymour

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Robert Toner

(Address) 112 W. Hamburg

15 Date received DEC 22 1926

C. HAMPSON JONES, M. D.

Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926, to Dec 20, 1926

that I last saw him alive on Dec 20, 1926

and that death occurred, on the date stated above, at 12-00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Campbell M. D.

Dec 20 1926 (Address) 1444 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 12/23 1926

20 UNDERTAKER F. A. Wanseck

ADDRESS 703 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17040 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17040

CERTIFICATE OF DEATH. 90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Greenmount Avenue ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susannah Frank

(a) RESIDENCE No. 2917 Greenmount Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Frank

6 DATE OF BIRTH (month, day, and year) Jan. 7th, 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	89	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Peter Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Informant Mrs. Harry W. Fox
(Address) 2917 Greenmount Avenue

15 Filed DEC 22 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 17a, 1926, to Dec 20th, 1926, that I last saw h[illegible] alive on Dec 20, 1926, and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Infirmities of age

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Mitral Quart lesion

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. V. Gabriel, M. D.

19 (Address) 2413 St Paul St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hiss Cemetery, Perkville — DATE OF BURIAL Dec. 23 1926

20 UNDERTAKER Frederick Lessahn & Son — ADDRESS Fullerton.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E. H. JONES, M. D.

Cor.—12-9-26—A Co.—200 Hkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Ē 17041

CERTIFICATE OF DEATH.

Ē 17041

REGISTERED NO. 179

1-PLACE OF DEATH

City of BALTIMORE: (No. 1303 E. Monument St St., 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ruth Aydlett

(a) RESIDENCE NO. 1303 E. Monument St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Mar 26/25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Alonzo Woods

11 BIRTHPLACE OF FATHER (city or town):

(State or country) S. C.

12 MAIDEN NAME OF MOTHER Rosa Aydlett

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto. Md

14 Informant: Rosa Aydlett

(Address) 1303 E. Monument St

Filed DEC 22 1926 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia - accudently burned by pulling vessel of tea from table 1st arm & side Dec 17/26

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

12/21/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — Date of Burial: Dec 23-26

20 UNDERTAKER: Robert H. Williams — ADDRESS: 1515 McElderry St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17042

CERTIFICATE OF DEATH

129 E 17042

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 24 E. 11th St, St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Hopkins

(a) RESIDENCE NO. 24 E. 11th St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: m

4 Color or Race: w

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Emily Hopkins

6 DATE OF BIRTH (month, day, and year) Sept 21, 1859

7 AGE Years 67 Months 2 Days 29 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter O/S

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) md

PARENTS

10 NAME OF FATHER John Hopkins

11 BIRTHPLACE OF FATHER (City or town)

(State or country) md

12 MAIDEN NAME OF MOTHER Amanda Mills

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) md

14 Informant Bruce Hopkins

(Address) 24 E. 11th St

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

Per BRH

C 2 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 12/20/26

17 I HEREBY CERTIFY, That I attended deceased from 12/17/26, 19..., to 12/20, 1926, that I last saw h in alive on 12/20/26, 19..., and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Arterio Sclerosis and

Myocarditis

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac incompetency and

Uraemic Coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. McGarrah, M. D.

12/21, 1926 (Address) 633 - S. 34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — Date of Burial 12/23/26

20 UNDERTAKER Wm Leech & Son — ADDRESS 502 6 Lond

IMPORTANT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17043 | CERTIFICATE OF DEATH. | E 17043

1-PLACE OF DEATH

City of BALTIMORE: (No. 700 L Robinson St., 1-4 Ward) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Mc Faul

(a) Residence No. 700 L. Robinson St., 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-~~Single~~, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia Mc Faul

6-DATE OF BIRTH (month, day and year) July 28-1881

7-AGE.	If LESS than 1 day,
45 yrs. 5 mos. 3 ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Coffee works

(c) Name of employer Bulk Coffee works

9-BIRTHPLACE (city or town) Baltimore

(State or Country) Md

PARENTS.

10-NAME OF FATHER, Peter Mc Faul

11-BIRTHPLACE OF FATHER (city or town) Unknown

(State or Country)

12-MAIDEN NAME OF MOTHER, Rose Mc Faul

13-BIRTHPLACE OF MOTHER (city or town) Unknown

(State or Country)

14- (Informant) Julia Mc Faul

(Address) 700 L. Robinson St

15- [illegible] (Registrar.)

DEC 22 1926 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/22-26

17- I HEREBY CERTIFY, That I attended deceased from July 1 1926 to Dec 21 1926, that I last saw h[illegible] alive on Dec 21 1926, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Pulal nephritis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(Duration) yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. L. Long M. D.

12/22 1926 (Address) 2701 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Loudon Park Cemetery	Dec 25, 1926
UNDERTAKER.	ADDRESS
August Pasek	2406 E Baltimore St

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 17044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17044

CERTIFICATE OF DEATH.

12-9-25 × 185

1-PLACE OF DEATH

City of BALTIMORE: (No. Quarantine Hospital Curtis Bay. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J.Little.

(a) RESIDENCE NO. North Road Dundelk Ireland. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
----

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	22	--------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor.

(b) General nature of industry, business, or establishment in which employed (or employer) S/S Bedecrag.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Dundelk, Ireland.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Capt. C. C. Petersen.

(Address) South Shields, England.

2 2 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Accidental fall into hold of
S/S Bedecrag.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

Otto M Reinhardt M. D.
(Coroner)

12/23 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....2.....ds.

Where was disease contracted, if not at place of death?

S/S Bedecrag off Quarantine Station

Former or usual residence Dec. 22, 1926

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Lorraine Cemetery — Dec 28, 1926

20 UNDERTAKER — ADDRESS

Joseph B. Cook. — 1003 W. Balto. St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 17045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17045

CERTIFICATE OF DEATH.

2-3 129

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S Durham ST., ... WARD)

2-FULL NAME Maurice J Finn. Sr.

(a) RESIDENCE NO. 309 S Durham ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanora Finn

6 DATE OF BIRTH (month, day, and year) May 1 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buyer

(b) General nature of industry, business, or establishment in which employed (or employer) Office

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Finn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Irland

12 MAIDEN NAME OF MOTHER Elizabeth Deeh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Irland

14 Informant Eleanor Finn

(Address) 309 S Durham

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

2 2 1926 By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1926, to Dec 21, 1926, that I last saw him alive on Dec 21, 1926, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Endocarditis.
Arterio-Sclerosis
Chronic nephritis —

(duration) 2 yrs 4 mos ds.

CONTRIBUTORY (Secondary) Acute Edema of Lungs

(duration) ..... yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas J Finnegan M. D.

12/22 1926 (Address) 700 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 24 1926
20 UNDERTAKER	ADDRESS
Wendell Diffel & Son	375 Penn

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 17046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17046

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Overland ave ST. 9-2 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Fohrmann

(a) RESIDENCE NO. 2801 Overland ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	75	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Julius Fohrmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Andrew Fischer

(Address) 2801 Overland ave

15 DEC 22 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 6, 1926, to Dec 22, 1926, that I last saw h alive on Dec 22, 1926 and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis

(duration) yrs. 1 mos 2 0 ds.

CONTRIBUTORY (Secondary) Bronchitis, Heart failure

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jos A Andrews, M. D.

, 19 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 24 1926

20 UNDERTAKER Windell Duffell & Son — ADDRESS 3750

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 17047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13-3129

E 17047

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1310 Morling Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Lutz

(a) RESIDENCE NO. 1310 Morling Ave. St. 13 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 28-1855

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER John L. Lutz

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara R. Frock

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Mary L. Shauck

(Address) 363 Falls Road

12/22 1926 C. HAMPSON JONES, M. D.

By ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 20- 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 13 1926 to 12/20 1926

that I last saw her alive on 12/20 1926

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Interstit. Nephritis

(duration) yrs. 6 or more mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Uraemia

(Signed) C. HAMPSON JONES, M. D.

12/22 1926 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt. Olivet Balt. Co. Md. Dec. 23 1926.

20 UNDERTAKER Horace H. Burgee ADDRESS 363 Falls Rd.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17048

CERTIFICATE OF DEATH.

10 E 17048

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3415 Hickory Ave. St., 13 Ward)

2-FULL NAME Robert James Kelley

(a) RESIDENCE NO. 3415 Hickory Ave. St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 4-1923

7 AGE	Years	Months	Days	IF LESS than 1 day.....brs. or.....min.
	3	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER George B. Kelley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth L. Boulden

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant George B. Kelley
(Address) 3415 Hickory Ave.

15 Filed DEC 22 1926 C. HAMPSON JONES, M. D. Registrar.
By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22nd-26

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1926, to Dec 22, 1926, that I last saw h— alive on Dec 22, 1926; and that death occurred, on the date stated above, at 4 15 P. m.

The CAUSE OF DEATH* was as follows:

Diphtheria (Toxic type)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Jno. [illegible] M. D.
12/22 1926 (Address) 846 W 36th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Marys Hampden	Dec 23 1926

20 UNDERTAKER Horace H. Burgee ADDRESS 363 Hollins Road

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec– 12-23-21–E.B.R.S.–400 Bks.

E 17049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17049

CERTIFICATE OF DEATH.

14-274-001

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1807 N. Pratt St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm J. Gaylard

(a) Residence No. 1807 N. Pratt St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND ~~of~~ WIFE of Mary Gaylard

6-DATE OF BIRTH (month, day and year) Feb 15 1865

7-AGE. 61 yrs. 2 mos. 5 ds.

If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Wm Gaylard

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Rachel Coltheaser

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Baltimore Md

14- (Informant) Frauds Walter
(Address) 1807 N Pratt St

15- Filed DEC 22 1926 G. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec. 21-26

17- I HEREBY CERTIFY, That I attended deceased from March 16 1926 to Dec 21 1926

that I last saw him alive on Dec 20 1926

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) ✓ yrs. ✓ mos. 4 ds

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 3 yrs. ✓ mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) George L Shannon M. D

1926, 19 (Address) 700 Fulton Ave

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Western Cem	Dec. 23rd 1926
20-UNDERTAKER, A. Jones	ADDRESS 111 S. Gilmor St

In preparing, as this may be properly obtained. instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

41 (Milas Muscevich) V

E 17050 42

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17050

CERTIFICATE OF DEATH.

X 30

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 76-b ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milos Muscevich

(a) RESIDENCE No. 728 S. 4th St. ST., WARD Steelton - Pa -
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Eva

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jugo Slavia

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jugo Slavia

12 MAIDEN NAME OF MOTHER Helena

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jugo Slavia

14 Informant Relative (Address) JOHNS HOPKINS HOSPITAL

15 FILED 12 2 1926 C. 19 Reg. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec - 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec - 14 .1926. to Dec - 22. 1926.

that I last saw him alive on Dec - 22 .1926

and that death occurred, on the date stated above, at 11 10 a. m.

The CAUSE OF DEATH* was as follows:

Sporotrichosis - It was impossible to confirm this diag. except by study of Path. sections

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Not finished c studies

(Signed) E Eowes Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa

DATE OF BURIAL Dec 23rd 1926

20 UNDERTAKER P. E. Lowe

ADDRESS 1115 Filbert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—4-10-21—M&T—1500 Bks.

E 17051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Colonial Hospital

REGISTERED NO. 1651

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lucille ST. Forest WARD)

2-FULL NAME ~~Margaret Henderson~~

(a) RESIDENCE NO. 1617 Riggs ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D.C.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Sarah Dunmore

(Address) 421 East St Washington D.C.

15 Filed ..... 19 ..... Registrar

DEC 23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-26 19

17

I HEREBY CERTIFY, That I attended deceased from Dec 23 19 26 to Dec 20 26 19 26, that I last saw her alive on 12-20 19 26 and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic carditis

2 months duration

2 months (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Rheumatic fever

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) J. Padilla M.D. M. D.

DEC 21, 19 26 (Address) 1122 N. Mount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL Dec 23/926

20 UNDERTAKER Daniel Easton — ADDRESS 916 Penna Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37-001

E 17052

CERTIFICATE OF DEATH.

E 17052

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 537 Truman St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene White

(a) RESIDENCE NO. 537 Truman St. 17 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4. 1910

7 AGE — Years: 16 — Months: 3 4 — Days: 17 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. City

(State or country): Md.

PARENTS

10 NAME OF FATHER: Daniel White

11 BIRTHPLACE OF FATHER (city or town): Dover

(State or country): N.H.

12 MAIDEN NAME OF MOTHER: Mary Cooper

13 BIRTHPLACE OF MOTHER (city or town): Annapolis

(State or country): Md.

14 Informant: Mary White

(Address) 537 Truman

DEC 23 1926

C. HANSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926, to Dec 22, 1926, that I last saw h[illegible] alive on Dec 21, 1926, and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Miliary Type of Tuberculosis

(duration) yrs. 1 mos. 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) [illegible], M. D.

(Address) 112 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Burn — Date of Burial: Dec 24 1926

UNDERTAKER: Daniel Eastern — ADDRESS: 916 Pa ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 17053

REGISTERED NO. **E 17053**

1-PLACE OF DEATH

City of BALTIMORE: (No. 902 Park ave St., 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Perkins

(a) RESIDENCE NO. 902 Park ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Granbury Perkins

6 DATE OF BIRTH (month, day, and year): 3-12-1860

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	66	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town): Harrisonburg

(State or country): Va.

PARENTS

10 NAME OF FATHER: John Slaughter

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Va.

14 Informant: Mary E. Blake

(Address): 902 Park Ave

Filed DEC 23 1926, 19..... C. KAMPSON JONES, M. D. Registrar

Per K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26: 12/29/1

17

I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1926, to Dec 29, 1926

that I last saw h... alive on Dec. 18, 1926,

and that death occurred, on the date stated above, at 7:30 m.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) ..... yrs. 4 mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) John H. Portmann M. D.

(Address) 617 Lewis Flats

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial: Dec 24, 26

20 UNDERTAKER: John H. Toadvine — ADDRESS 102 T. Druid Hill

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

Luce.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17054

CERTIFICATE OF DEATH.

3/ E 17054

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Colonial Hosp ST., 8-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Luce

(a) RESIDENCE No. 2515 E. Biddle. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Luce

6 DATE OF BIRTH (month, day, and year) Jan 2, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	32	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS

10 NAME OF FATHER David L Luce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass

12 MAIDEN NAME OF MOTHER Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass

14 Informant Mary B Luce (Address) 2515 E Biddle St

15 Filed DEC 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-22-1926

17 I HEREBY CERTIFY, That I attended deceased from 12-20, 1926, to 12-22, 1926, that I last saw h alive on 12-22, 1926 and that death occurred, on the date stated above, at 6 00 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Tuberculosis pul- Mortalis (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? France.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & Laboratory

(Signed) J Guillard M.D. M. D.

12-23-1926 (Address) 422 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL Dec 26 1926

20 UNDERTAKER Wm Cook — ADDRESS 502 E North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17055 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17055

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. East Ave ST. 26-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H Davis

(a) RESIDENCE No. 619 N. East Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 3rd 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Marine &c

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mary Davis Riley (Address) 619 East Ave

15 Filed DEC 23 1926 C. HANSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17 . 1926 . to Dec 21 . 1926 .

that I last saw him alive on Dec 20 . 1926 ,

and that death occurred, on the date stated above, at 4 PM m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 Ds.

CONTRIBUTORY (Secondary) Chronic Int Nephritis

Arteriosclerosis yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Allen B Lennard, M. D.

(Address) 918 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 24th 1926
20 UNDERTAKER Frank V. Pipitone	ADDRESS 2818 E. Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Coplin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17056

CERTIFICATE OF DEATH.

90 E 17056

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 Morris ave ST., 13-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Coplin

(a) RESIDENCE NO. 3512 Morris ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Meyer Sachs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jinnie Rostrosky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant A. Coplin

(Address) 3512 Morris ave

C. HAMPSON JONES, M. D.

15 Filed DEC 23 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1926

17

I HEREBY CERTIFY, That I attended deceased from June, 1926, to Dec. 22, 1926, that I last saw her alive on Dec 22, 1926, and that death occurred, on the date stated above, at 12 50 m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency Increasing Myocarditis - Recurrent heart block

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Heart Block

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No by

What test confirmed diagnosis? Physical signs

(Signed) Francis T. Smith, M. D.

12/23/1926 (Address) 927 N. Calvert St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Washington Rd	12/23/1926
20 UNDERTAKER Sol Levinson Bro	ADDRESS 1127 E Balto st

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17057 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17057

101-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 E. Balto St. 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boraeh Yanet

(a) RESIDENCE NO. 2100 E. Balto Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Yanet

6 DATE OF BIRTH (month, day, and year) 1833

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old age

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sam Kranshurg

(Address) 1639 Ashburton St

15 Filed DEC 23 1926

C. HAMPSON JONES, M. D. Registrar

By CRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1926, to Dec 22, 1926, that I last saw h is alive on Dec 22, 1926 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

1 day. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio - Sclerosis.

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt Carmel

DATE OF BURIAL 12/25 1926

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001 ✓

CERTIFICATE OF DEATH

E 17058

REGISTERED NO. E 17058

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene St.) 10-2 (WARD)

2-FULL NAME Joseph A. Brockmeyer

(a) RESIDENCE NO. 954 Asquith ST., WARD

(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 19 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Life Insurance Collector

(b) General nature of industry, business, or establishment in which employed (or employer) for Eureka Life Ins. Co. of N

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph A. Brockmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Clara C. Petri

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Mathias Brockmeyer

(Address) 954 Asquith St.

15 Filed ..... 19 ..... Per ..... Registrar

C. MAPSON JONES, M. D.

C 23 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/15, 1926, to 12/22, 1926, that I last saw him alive on Dec 22, 1926, and that death occurred, on the date stated above, at 7:35 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical diag. & laboratory tests

(Signed) Wm E. Polsue M. D.

12/22, 1926 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec 27 1926
20 UNDERTAKER	ADDRESS
Henry Horch Son	1001 E. Eager St.

CAUTION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17059

105

E 17059

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 839 N. Central Ave St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Mary Stzel

(a) RESIDENCE NO. 839 N. Central ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. — mos. — ds. How long in U. S. if of foreign birth? 72 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Charles J. Stzel.

6 DATE OF BIRTH (month, day, and year) February 16 1852

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	74	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Mr. Geiger

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Frances Reicher

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Mrs. Charles J. Stzel

(Address) 839 N. Central Ave

DEC 23 1926

C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 19 26 Dec. 21

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1926, to Dec 21, 1926, that I last saw h... alive on Dec 21, 1926, and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph L Valentine M. D.

Dec 22 19 26 (Address) 1 W Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Dec. 24 1926

20 UNDERTAKER Henry Stock Son ADDRESS 1301 E Eager St

IMPORTANT: Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 17060

E 17060

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1021 N. Central Ave St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. F. Keirnig

(a) RESIDENCE NO. 1021 N. Central Ave St. 10 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 11 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 9 1912

7 AGE	Years	Months	Days
	14	11	13

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph L. Keirnig

11 BIRTHPLACE OF FATHER (City or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Katherine M. Nikol

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Wm. Joseph L. Keirnig
(Address) 1021 N. Central Ave

15 Filed DEC 23 1926 C. HAMPSON JONES, M. D. Registrar

Per R K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 19 26

17 I HEREBY CERTIFY, That I attended deceased from November 2 1926, to December 22 1926, that I last saw him alive on December 22 1926, and that death occurred, on the date stated above, at 3 15 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation – Endo-carditis – Nephritis – Anasarca.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Articular rheumatism

(duration) yrs. 1 mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam. & Urinalysis

(Signed) William F. Schwartz M. D.

12/22 1926 (Address) 1200 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Dec. 24 19 26

20 UNDERTAKER Henry Hock Son ADDRESS No. Eden St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17061

CERTIFICATE OF DEATH.

129 E 17061

REGISTERED NO.

1-PLACE OF DEATH 4007 Frederick Ave.

CITY OF BALTIMORE: (No. Balto., Md. ST. 70-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Cascio

(a) RESIDENCE No. 4007 Frederick Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Cascio

6 DATE OF BIRTH (month, day, and year) Aug. 5, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired (Mason)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Anthony Cascio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Pupposa Dec

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Anthony V. Cascio

(Address) 4027 Frederick Ave.

15 Filed DEC 29 1926 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926. to Dec 21, 1926.

that I last saw him alive on Dec 21, 1926.

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning (Coma)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (Senility) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John L. Valentine, M. D.

Dec 23, 1926 (Address) 14 So Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Dec. 27, 1926

20 UNDERTAKER	ADDRESS
John A. Mitchell	1900 Eutaw Pl.

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 17062

1-PLACE OF DEATH E ~~17062~~ REGISTERED NO.

CITY OF BALTIMORE: (No. 1211 Linden ave ST. 11-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Hobbs

(a) RESIDENCE NO. 1211 Linden Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa J. Hobbs

6 DATE OF BIRTH (month, day, and year) Apr 14 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm. P. J. Hobbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Dukehart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louisa J. Hobbs (Address) 1211 Linden ave

15 Filed DEC 23 1926, 19.. HARRISON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1926, to Dec 20, 1926, that I last saw him alive on Dec. 20, 1926, and that death occurred, on the date stated above, at 4.40 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilitation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Standish McCleary, M. D.

19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	Dec. 23 1926

20 UNDERTAKER John O. Mitchell ADDRESS 1201 W. Fayette St.

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 17063

E 17063 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Enroute to Johns Hopkins Hospital St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred Collins

(a) RESIDENCE NO. 604 N. Dallas St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Collins

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Garrage

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Robt. Collins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N. C.

12 MAIDEN NAME OF MOTHER Georgia Williams

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Georgia Collins

(Address) 705 N. Dallas St.

15 Filed DEC 23 1926 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 21/26.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Failure.

(Probably Vascular)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) undetermined

(duration) yrs. mos. ds.

(Signed) J. S. Nolan M. D.

(Coroner)

12/23/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Date of Burial Dec 23 1926

20 UNDERTAKER John W Henderson ADDRESS 1502 E Monument

Of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17064 — 74 — E 17064

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Dillon ST. 76-6 WARD)

2-FULL NAME Martin Miller

(a) RESIDENCE NO. 3408 Dillon ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Miller

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ann Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Robert Miller (Address) 3408 Dillon

15 Filed DEC 23 1926 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926, to Dec 20, 1926, that I last saw h[illegible] alive on Dec 20, 1926 and that death occurred, on the date stated above, at 12:00 m

The CAUSE OF DEATH* was as follows:

arteriosclerosis -

(duration) 2 yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? No Physical Ex

What test confirmed diagnosis?

Dec 24, 1926 (Signed) W. H. Thomas, M. D. (Address) 1238 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Dec 24 1926

UNDERTAKER Frank Enoch & Son — ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17065

11-001

CERTIFICATE OF DEATH.

E 17065

REGISTERED NO. 1

1-PLACE OF DEATH

City of BALTIMORE: (No. 331 N. West St. 21-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjiman F. Casey.

(a) RESIDENCE NO. 531 N West St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 28 1917

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	9	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER Benjiman Casey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Viola Kyber

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Viola Casey

(Address) 531 N West St

Filed DEC 23 1926 C. HAMILTON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to Dec 20, 1926

that I last saw h... alive on Dec 20, 1926

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. mos 10 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) Rolland Dam, M. D.

, 19 (Address) 1317 East Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn Cem	12/23/26
UNDERTAKER	ADDRESS
Samuel E Hemsley	578 N Eddle

Please fill in all items, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17066

129 E 17066

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 902 Monroe St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willard E Hodge

(a) RESIDENCE NO. 902 Monroe St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Hodge

6 DATE OF BIRTH (month, day, and year): June 23 1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Chas Hodge

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Georgia Harrod

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Mrs Matilda Hodge

(Address): 902 Monroe St

DEC 23 1926

H. LAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: Dec 21, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov-16, 1926, to Dec 21, 1926, that I last saw him alive on Dec. 20, 1926, and that death occurred, on the date stated above, at 7.15a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Petterson, M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

Date of Burial: 12/24 1926

20 UNDERTAKER: Emmett L Hensley

ADDRESS 578 N Bradford

OR DEATH in plain terms, so that it may be properly classified. Race, Statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17067

CERTIFICATE OF DEATH.

31 E 17067

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 569 Presstman ST. 14-1 WARD)

2-FULL NAME Evelyn Hunter

(a) RESIDENCE NO. 569 Presstman ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 3 - 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): School 068

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Newton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Nova

12 MAIDEN NAME OF MOTHER: Irene Curry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: John L. Newton (Address) 569 N. Presstman St.

15 Filed DEC 23 1926 19 ..... C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/20 1926

17 I HEREBY CERTIFY, That I attended deceased from 9/20, 1926, to 12/20, 1926, that I last saw h— alive on 12/20, 1926 and that death occurred, on the date stated above, at 12 30 m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Benj. Schultz, M. D.

Nov. 1926 (Address) 2134 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL 12/28/26

20 UNDERTAKER: Emanuel Hemsley — ADDRESS 578 N. Eddy

Spec.—1-19-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17068

CERTIFICATE OF DEATH.

E 17068

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 270 S Auchentoroly T ST. (WARD)

2-FULL NAME George F. Jennings

(a) RESIDENCE NO. 270 S Auchentoroly T ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L Jennings

6 DATE OF BIRTH (month, day, and year) April 16 55

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) U S

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Robert Jennings

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Fowler

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Annie L Jennings
(Address) 270 S Auchentoroly T

15 Filed DEC 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1926, to Dec 21 1926.

that I last saw h alive on Dec 21 2 1926.

and that death occurred, on the date stated above, at 3:10 P.m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Stanley M. D.

19 (Address) 2 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Dec 23 1926

20 UNDERTAKER W M Routson — ADDRESS 2238 N Avenue

TION is very important. See instructions on back of certificates.

Spec.—1-10 21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17069

CERTIFICATE OF DEATH.

60-001

REGISTERED No. E 17069

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 21-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ruth E Eidman.

(a) RESIDENCE No. 513- Rossiter Ave. ST., Govens. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Lewis R. Eidman.

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. (State or country)

PARENTS

10 NAME OF FATHER Charles H. Short.

11 BIRTHPLACE OF FATHER (city or town) Baltimore. (State or country)

12 MAIDEN NAME OF MOTHER Ida M. Greve.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Lewis R. Eidman. (Address) 513 Rossiter Ave. Govens

15 Filed DEC 23 1926 By RRK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1926, to Dec. 22, 1926, that I last saw her alive on Dec. 22, 1926, and that death occurred, on the date stated above, at 1:50 A. m.

The CAUSE OF DEATH* was as follows:

Graves Disease.

(duration) 4 yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar unresolved, right lung (duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Oct 13, 1926 (Bilateral partial thyroidectomy)

Was there an autopsy? No.

What test confirmed diagnosis? Basal metabolism; X-Ray

(Signed) H. H. Krock, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Dec 24 1926

20 UNDERTAKER W. M. Roulson

ADDRESS 2258 N. Mth

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 17070

E 17070
1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Church Home & Infirmary St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Barrett

(a) RESIDENCE NO. 15 S. Gay St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 21, 65

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	61	1	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer) O'S
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Not Known

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not Known

14 Informant Wm Parsons
(Address) 6 W Mulberry St

15 Filed ..... 19..... C. HAMPSON JONES, M. D.
DEC 23 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from November 17, 1926, to December 21, 1926, that I last saw h.. alive on December 21, 1926, and that death occurred, on the date stated above, at 2 00 P m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation
Myocardial Failure
(Chronic Myocarditis)
(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 7 ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Lemon H. Norwood, M. D.
DEC 24 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery — Date of Burial Dec 23 1926

20 UNDERTAKER H M Routson — ADDRESS 2230 N Smith

Fifty Dollars ($50.00) will be paid for information leading to the conviction of any person who shall wilfully destroy, mutilate, alter, conceal or forge any certificate of birth or death, or who shall wilfully make any false certificate or record of any birth or death, or who shall wilfully neglect or refuse to perform any duty enjoined upon him by law in regard to the registration of births and deaths, or who shall wilfully refuse to give information required by the Board of Health, or who shall knowingly give false information. Physicians, midwives, undertakers, and all persons having knowledge of births and deaths are required by law to report them to the Health Department. Blanks for reporting births and deaths, and for burial permits, will be furnished free of charge by the Health Department. Certificates of births and deaths are required by law to be properly filled out before burial permits are issued. Read carefully, and answer all questions fully and correctly. Every item is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17071

CERTIFICATE OF DEATH.

179 E 17071

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Colonial Hospital St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Ensor

(a) RESIDENCE NO. 700 N. Appleton St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Lenton

6 DATE OF BIRTH (month, day, and year) May 11 1842

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	84	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired (Salesman)

(b) General nature of industry, business, or establishment in which employed (or employer) 966

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) B

12 MAIDEN NAME OF MOTHER B

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) B

14 Informant Ella Bowen

(Address) 700 N Appleton St

Filed DEC 23 1926 THOMPSON JONES, M. D., Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st, 2nd degree burns of body.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Clothing caught fire

(duration) yrs. mos. ds.

(Signed) J. T. Kennedy M. D.
(Coroner)

Dec. 22 1926 (Address) 2502 E Lanvale Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — Date of Burial Dec 24 1926

20 UNDERTAKER John J. Fields — ADDRESS 1200 W Lombard St

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17072

CERTIFICATE OF DEATH.

74-001

E 17072

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1231 W. Lombard St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfarata Lloyd

(a) RESIDENCE NO. 1231 W. Lombard St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Lloyd

6 DATE OF BIRTH (month, day, and year) July 11 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Hagerstown Maryland

PARENTS

10 NAME OF FATHER John Brogunier

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hagerstown Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Wilmer J. Lloyd

(Address) 421 N. Fairhurst St.

DEC 23 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 1925, to Dec 22, 1926, that I last saw her alive on Dec 21, 1926, and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) About 12 hours

CONTRIBUTORY (Secondary) Arteria sclerosis and Chronic Bronchial Asthma over 1 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No Physical Examination

What test confirmed diagnosis?

(Signed) Fanny C. Lehr, M. D.

Dec 23 1926 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Date of Burial Dec 27 1926

20 UNDERTAKER John J. Fields ADDRESS 1200 W Lombard

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 17073 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17073

CERTIFICATE OF DEATH. X 129

1-PLACE OF DEATH Christs Institution Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 704 Ensor ST. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Hunt

(a) RESIDENCE No. 218 E Morris St Summit N.J. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colord	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Joseph Hunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Frances Sneed
(Address) 1934 Edward St

15 Filed DEC 23 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8 1926. to December 22 1926.
that I last saw her alive on December 22, 1926,
and that death occurred, on the date stated above, at 8.30 A m.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis Complication of Heart (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? Summit N.J.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Positive

(Signed) D. H. W. Kennard M. D.

12-27-26 (Address) 708 Ensor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Elizabeth N. J	Dec 24 1926
20 UNDERTAKER Edward Bryan	ADDRESS 1-31 orleans st

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17074

CERTIFICATE OF DEATH

E 17074

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Provident Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosetta Page

(a) RESIDENCE NO. 636 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Aug 24, 1925

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	3	27	

1 yr 4 mo.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Harrison Page

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Addie Allen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Addie Page

(Address) 636 N. Carey St.

15 Filed DEC 23 1926 19 C. HAMPSON JONES, M. D. Registrar

Per RRK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926, to Dec 21, 1926, that I last saw h on alive on Dec 20, 1926 and that death occurred, on the date stated above, at 12 50 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

1 day (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 636 N. Carey St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Dr. J. H. James M. D.

, 19 (Address) Prov. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn Cemetery	Dec. 23 1926
20 UNDERTAKER	ADDRESS 322
Mrs. Kate R. Williams	N. Schroeder St

Fill in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17075

90

E 17075

1-PLACE OF DEATH

City of BALTIMORE: (No. 1102 Booth St. 18-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elija Hopkins

(a) RESIDENCE NO. 1902 Booth St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced. (write the word): Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur R. Hopkins

6 DATE OF BIRTH (month, day, and year): March 18, 1878

7 AGE — Years: 48 — Months: 9 — Days: 2 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Washer Ott

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Md.

PARENTS

10 NAME OF FATHER William Davis

11 BIRTHPLACE OF FATHER (city or town):

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) unknown

14 Informant: Arthur Hopkins

(Address) 1102 Booth St

15 Filed ..... 19 ..... C. HAMPSON JONES, Registrar

DEC 23 1926

Per R. C. A.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec 20 26

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 19 26, to Dec 20, 19 26, that I last saw h..... alive on Dec 20, 19 26, and that death occurred, on the date stated above, at 9 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Organic Dis of Heart

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Oedema

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of No

Was there an autopsy?

What test confirmed diagnosis?

Signed: J. J. Woodward, M. D.

, 19 (Address) 931 Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Dec 24, 1926

UNDERTAKER: Thos. R. Williams — ADDRESS 322 N. Schroeder St

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17076

CERTIFICATE OF DEATH.

100-001

E 17076

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Oak St. ST. 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. C. Cusack

(a) RESIDENCE NO. 2220 Oak St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 14 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Martin J. Cusack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md.

12 MAIDEN NAME OF MOTHER Minnie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Martin C. Cusack (Address) 2220 Oak St.

15 Filed DEC 23 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23- 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 1926, to Dec 23rd, 1926, that I last saw him alive on Dec 22nd, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Bode, M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Harford Rd.

DATE OF BURIAL: Dec 23 19 26

20 UNDERTAKER: Elmer W. Conklin

ADDRESS: 724 E. Eager St.

Spec.—1-10-27—M&T—1500 Blks.

E 17077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17077

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3419 Harford ave ST. 8-1 WARD)

2-FULL NAME Francis M Weaver Sr

(a) RESIDENCE NO. 3419 Harford ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Marie W. Weaver

6 DATE OF BIRTH (month, day, and year) Jan 15th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..min.
	70	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Piano Tuner

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER ? Goodyear

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs Marie W. Weaver
(Address) 3419 Harford ave

15 Filed DEC 29 1926 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22nd 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 19, 1926, to Dec 24, 1926,

that I last saw h[illegible] alive on Dec 22, 1926,

and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 37 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W Sanderson M. D.

19 (Address) 1714 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec 24th 1926
20 UNDERTAKER	ADDRESS
George Schilling & Sons	[illegible]

IMPORTANT. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH.

E 17078

REGISTERED NO. E 17078

1-PLACE OF DEATH

City of BALTIMORE: (No. 354 W Biddle St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Scott

(a) RESIDENCE NO. 354 W Biddle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr. D Grant Scott

6 DATE OF BIRTH (month, day, and year): Nov. 8-1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	1	13 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

PARENTS

10 NAME OF FATHER: John W. Watkins

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Simpson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Dr. D. Grant Scott

(Address): 354 W. Biddle St.

15 Filed 19 C. HARPER JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926: December 21

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 26, 19, to Dec 21 26, 19, that I last saw h.. alive on Dec 20 26, 19, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. McLeod, M. D.

Dec 27 1926 (Address) 2005 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 12/23/26

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

DEC 23 1926

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17079

31 E 17079

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Baltimore City Hospitals St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George C. Johnson

(a) RESIDENCE NO. 823 Plum Alley St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)_____

(State or country) Kentucky

PARENTS

10 NAME OF FATHER Will Johnson

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Kentucky

12 MAIDEN NAME OF MOTHER Mary Hicks

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Kentucky

14 Informant Hospital Records

(Address)

Filed DEC 23 1926 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 20, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1926, to Dec. 20, 1926, that I last saw him alive on Dec. 20, 1926, and that death occurred, on the date stated above, at 1.05 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W E Lattemore, M. D.

12-20-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner of Health

DEC 23 1926

very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

Angelo Lupo.

E 17080

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 60-0E 17080

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Angelo Lupo (Annie)

(a) RESIDENCE NO. Sparks Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Angelo Lupo

6 DATE OF BIRTH (month, day, and year) Mar. 1/1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER James Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Malley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Union Memorial Hosp. (Address)

15 Filed DEC 23 1926. HANSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 19 26

17

I HEREBY CERTIFY, That I attended deceased from December 15, 19 26, to December 23 19 26,

that I last saw it alive on December 23, 19 26,

and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Toxic thyroid adenomata

(duration) 2-3 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 12/22/26

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James Arthur Wemberg M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Joseph. Church	Dec 28 19 26
20 UNDERTAKER	ADDRESS
W. C. Brooks	Sparks Md

Spec.—1-12-23—M&T—500 Blks.

E 17081 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 17081

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 N. Patterson Park Ave. ST. 8-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherin Rutschie

(a) RESIDENCE NO. 1621 N. Patterson Park Av. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed~~, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of Richard Rutschie

6 DATE OF BIRTH (month, day, and year) March 10, 1885.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob Heiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Porsinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Richard Rutschie
(Address) 1621 Patterson Park ave

15 3 1926 C. T. ATKINSON JONES, M. D. Registrar
Per 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1926.

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1926, to Dec. 31, 1926,

that I last saw h alive on Dec. 30, 1926,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Aortic Regurgitation.

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical examination.

(Signed) Elbert J. Singewald M. D.

12/31/26 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec 24, 1926

20 UNDERTAKER Richard F. Curley.

ADDRESS 808 N. Bl Way

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17082

CERTIFICATE OF DEATH.

90 E 17082

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 S. Castle ST. 9-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME FRANCES URBAN,

(a) RESIDENCE NO. 522 S. Castle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow,

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martin Urban,

6 DATE OF BIRTH (month, day, and year) Feb. 24-1847.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Pozan,
(State or country) Poland,

PARENTS

10 NAME OF FATHER Unknown,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland,

14 Informant Joseph Urban, (Son)
(Address) 522 S. Castle Street

15 Filed DEC 23 1926 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18. 1926. to Dec. 22. 1926.

that I last saw h alive on Dec. 22. 1926,

and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia (Terminal

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kruger, M. D.

. 19 (Address) 423 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetary

DATE OF BURIAL Dec. 24- 1926.

20 UNDERTAKER M. J. Sadowski.

ADDRESS 705 S. Ann

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17083

CERTIFICATE OF DEATH

31

E 17083

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 117 N. Ellwood Ave St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gladys F. Voelker

(a) RESIDENCE NO. 117 N. Ellwood Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 24, 1903

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	23	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto. City Hospital

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Wm. Voelker

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Pauline Drawer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Pauline Voelker

(Address): 117 N. Ellwood ave

15 Filed ..... 19..... Registrar

DEC 23 1926

C. HAMPSON JONES, M. D.

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Dec. 22, 1926, that I last saw h[er] alive on Dec - 22, 1926, and that death occurred, on the date stated above, at 3 35 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 2 mos 21 da.

CONTRIBUTORY (Secondary) Ext Hamilton

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam & Sputum

(Signed) John G. Owens M. D.

Dec 22 1926 (Address) 35 N Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cemetery	Dec 26 1926
20 UNDERTAKER	ADDRESS
Mary Sander & Sons Inc	1710 Fleet St

very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Bks.

E 17084 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17084

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Rittenhouse

(a) RESIDENCE NO. ..... Hospital – Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Wm C. Rittenhouse

6 DATE OF BIRTH (month, day, and year) Nov 11-1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Ridgely, Md.

PARENTS

10 NAME OF FATHER Wm C. Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Preston Md.

12 MAIDEN NAME OF MOTHER Fanny Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Preston Md.

14 Informant Wm G. Rittenhouse Husband
(Address)

15 Filed ..... 19 ..... Registrar

G. HAMPSON JONES, M. D.

2 3 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20, 19 26, to DEC 21, 19 26,

that I last saw her alive on DEC 21, 19 26,

and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

Cavernous Sinus Thrombosis

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) J. H. Blackfan, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easton Maryland	12/23 1926
20 UNDERTAKER Wm Cook	ADDRESS 502 E Main

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17085

CERTIFICATE OF DEATH.

E 17085

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 N. Charles St. 17-1 WARD)

REGISTERED NO. 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Boone Pyle

(a) RESIDENCE NO. 3333 N. Charles ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Oden B. Pyle

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... At Home

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer ...

PARENTS

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Wm. C. Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ...

14 Informant Oden B. Pyle
(Address) 3333 N. Charles St.

15 DEC 3 1926 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22, 1926

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1926, to Dec. 22, 1926,

that I last saw her alive on Dec. 10, 1926,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma general following op'tn in Feb. 1926 for care. & recurrence.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of Feb 11/26

Was there an autopsy? No

What test confirmed diagnosis? Micro. Exam of Tissue

(Signed) Tom S. Humpert M. D.

, 19 (Address) 2305 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Dec. 24, 1926

20 UNDERTAKER: John O. Mitchell ADDRESS: 1900 Eutaw Place

Spec—12-23-21—E.B.R.S.—400 Bks.

E 17086 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 17086

CERTIFICATE OF DEATH

161-001

1-PLACE OF DEATH University Hospital Registered No.....

City of BALTIMORE: (No. Lombard & Green St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl McCleese

(a) Residence No. 542 W. Biddle St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced. (Write the word)
Female	Black	Baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

6-DATE OF BIRTH (month, day and year) 12-19-26

7-AGE. ..... yrs. ..... mos. 3 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer) Baby
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Maryland

PARENTS.

10-NAME OF FATHER, Alonzo McCleese

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Virginia

12-MAIDEN NAME OF MOTHER, Charity Gaines

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Virginia

14- (Informant).....
(Address).....

15- Filed ..... 192.. C. HAMPSON JONES, M. D. Registrar.

DEC 23 1926

0884

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-22-26

17- I HEREBY CERTIFY, That I attended deceased from 12-19 19 26 to 12-22 19 26

that I last saw h[illegible] alive on 12-22 19 26

and that death occurred, on the date stated above, at. 8 30 A.M. The CAUSE OF DEATH* was as follows:

Maternal Weakness

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Esther Dodge M. D.

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL. ....., 19....
20-UNDERTAKER,	ADDRESS.

Commissioner Health DEC 23 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

E 17087 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17087

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 19-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Ballinger

(a) Residence No. 37 Parkside Drive St., Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced (Write the word.)
Female	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec. 20 '26

7-AGE. .....yrs.....mos.....ds. If LESS than 1 day ...1...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Infant

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore (State or Country), Maryland

PARENTS.

10-NAME OF FATHER Joseph Ballinger.

11-BIRTHPLACE OF FATHER (city or town)..... Baltimore (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Catherina Kascher

13-BIRTHPLACE OF MOTHER (city or town)..... Baltimore (State or Country), Maryland

14-(Informant) Joseph Ballinger

(Address) 37 Parkside Drive

15-FILED ..... 19..... (Registrar.)

DEC 23 1926 C. HAMPSON JONES, M. D. Registrar.

Reg. 1883

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec. 20 '26

17- I HEREBY CERTIFY, That I attended deceased from Dec. 20 19 26 to Dec. 20 19 26

that I last saw her alive on Dec. 20 19 26

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

.....(Duration).....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) Unknown

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) Ena F. Dodge M. D

, 19 (Address) University Hospital

*State the **Disease Causing Death**, or in deaths from **Violent Causes** state (1) **Means and Nature of Injury**, and (2) whether **Accidental Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL. ..... 19.....
20-UNDERTAKER.	ADDRESS DEC 23 1926

Cor.—12-9-25—A Co.—200 Bks.

E 17088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17088

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Green & Fairmount St., 22-1 Ward)

2-FULL NAME Not Known

(a) RESIDENCE NO. Not Known St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Not Known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about 60 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Not Known

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Not Known

14 Informant.....

(Address)

1926 C. HAMPSON JONES, M. D.

Registrar

0882 DE MORGE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-9 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Rt Parietal
with Subdural Hemorrhage
Cerebral Hemorrhage
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY .....
(Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.
(Coroner)

, 19 (Address) 3320 Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19

20 UNDERTAKER	ADDRESS

Very important. See instructions on back of certificate.

HOPKINS HOSPITAL
Dep. Commissioner of Health
DEC 22 1926

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17089

10 E 17089

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2409 E. Chase St St. 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Magdalen Pfarr

(a) RESIDENCE NO. 2409 E. Chase St St._____ Ward_____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) May 13/1919

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	7	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md

PARENTS

10 NAME OF FATHER William Pfarr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Barthe Guember

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md

14 Informant Bertha Pfarr

(Address) 2409 E. Cgase St

Filed 12 3 1926 C. HAMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Diphtheria

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Bailey M. D.

(Coroner)

12/30/26 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Dec 24 1926

20 UNDERTAKER Zirkler & Zirkler ADDRESS 1739 E. Eager St.

very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 17090 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17090

CERTIFICATE OF DEATH.

47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N. Calvert St., ST. 11-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marietta Belt

(a) RESIDENCE NO. 1014 N. Calvert St., City ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey D. Belt

6 DATE OF BIRTH (month, day, and year) June 4th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Grafton Eulaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ida Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Harry D. Belt

(Address) 1014 N. Calvert St.

15 DEC 23 1926 C. RAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/22/26 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 26, 19.., to Dec 22nd. 26, 19..,

that I last saw her alive on Dec 22nd, 1926

and that death occurred, on the date stated above, at 3P. m

The CAUSE OF DEATH* was as follows:

Carcinomatosis secondary to carcinoma of Breast

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 1920

Was there an autopsy? No

What test confirmed diagnosis? Physical Diagnosis

(Signed) W. B. Isenhauer, M. D.

(Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cathedral Cem

DATE OF BURIAL 12-24 1926

20 UNDERTAKER Henry O. Jenkins & Son Co

ADDRESS Richard and Eutaw

Spec.—12-9-25—A Co.—200 Blks.

E 17091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

102 E 17091

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3416 Esther Place St. 26-3 Ward)

2-FULL NAME Albert J. Stengel

(a) RESIDENCE NO. 3416 Esther Place St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 9/15- 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Lenhard Stengle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie Totterwich

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Mrs. Mary Lloyd
(Address) Locust Ave. Overlea Md

15 Filed 3 1926 C. HAMPSON JONES, M. D. Registrar
Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22nd, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1926 to Dec. 22, 1926, that I last saw him alive on Dec. 22, 1926, and that death occurred, on the date stated above, at 4:00 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) Pleurisy, myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) L C Sobieski, M. D.
, 19 (Address) 4471 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	12/24 1926

20 UNDERTAKER	ADDRESS
George J Ruth	1735 Harford Ave

Very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17092 — CERTIFICATE OF DEATH. — 117 E 17092

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1652 Ruxton St.; 154 Ward)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura Victoria Hitchcock

(Residence in Baltimore: No. 1652 Ruxton St.; yrs. (6) mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Female	White	Wid

6-DATE OF BIRTH, Sept 28, 1866
(Month) (Day) (Year)

7-AGE. 60 yrs. 2 mos. 25 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), Md

PARENTS.

10-NAME OF FATHER, Jas Gray

11-BIRTHPLACE OF FATHER (State or Country), Maryland

12-MAIDEN NAME OF MOTHER Victoria Gray

13-BIRTHPLACE OF MOTHER (State or Country), Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Harry Hitchcock

(Address) 1652 Ruxton

15-

Filed ..... 191.....

DEC 23 1926 C. HAMPSON JONES, M. D. Registrar.

Per BRH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 23, 1926
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 21 1926, to Dec 23 1926, that I saw h.r alive on Dec 22 1926, and that death occurred, on the date stated above, at 12.25 A m.

The CAUSE OF DEATH* was as follows:

Chronic Enteritis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(Duration) 3 yrs. mos. ds.

(Signed) J A Schaeffer M. D.

Dec 23, 1926 (Address) 1325 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL,	DATE OF BURIAL,
Cumberland Md.	Dec 23rd, 1926.
20-UNDERTAKER	ADDRESS
Leo D. Crook	1123 Park Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17093

CERTIFICATE OF DEATH.

E 17093

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Forest Ave, Franklintown WARD) 28-4 74 001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rudolph Ernest Huse

(a) RESIDENCE NO. Forest Ave, Franklintown WARD 28
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Huse

6 DATE OF BIRTH (month, day, and year) Sept. 26, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	75	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Stone Quarry

(c) Name of employer Thos. R. Martin & Son

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ernest Huse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Helen Huse
(Address) Forest Ave Franklintown

15 Filed DEC 24 1926 CLAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1926, to Dec 22, 1926, that I last saw h[illegible]live on Dec 22nd, 1926, and that death occurred, on the date stated above, at 10.15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo L Eberhart, M. D.

12/29, 1926 (Address) Woodlawn P.O. Md

*State the Disease Causing Death, or in deaths from Violent [illegible] state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Salem Lutheran — Catonsville	Dec 24 1926
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light

TION is very important. See instructions on

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001

E 17094

CERTIFICATE OF DEATH.

22-2

E 17094

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. South Baltimore General Hospital, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Ellsworth Sigler.

(a) RESIDENCE NO. 827 Light St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	-------		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. 0

(b) General nature of industry, business, or establishment in which employed (or employer) Arundel Corporation

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER James Sigler.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Mary -------

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do not know.

14 Informant Lewis H. Sawyer. (brotherin law

(Address) 633 E. 29th St.

C. HARRISON JONES, M. D.

DEC 24 1926 Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

Illuminating gas poisoning from a defective gas bracket.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Leonhardt (Coroner) M. D.

12/28 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 827 Light St. Dec, 19, 1926.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery Date of Burial Dec 24 1926

20 UNDERTAKER John F. Deny ADDRESS 715 Light St

Very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17095

CERTIFICATE OF DEATH.

× 9 E 17095

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 7-1 WARD)

2-FULL NAME Virginia Gephart

(a) RESIDENCE NO. 29 Balto-St-Spanns Pl ST., Md WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2/1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Fishermans Point (State or country) md

PARENTS

10 NAME OF FATHER Ernest Gephart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza. Brannon

13 BIRTHPLACE OF MOTHER (city or town) Madison Wis (State or country)

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

DEC 24 1926 THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1926, to Dec 22, 1926, that I last saw he alive on Dec 22, 1926, and that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) ..... yrs. ..... mos 9 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) I. Ridgeway Trimble, M. D.

, 19 (Address) Johns Hopkins Hop.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dachman Cemetery	Dec 24 1926
20 UNDERTAKER John F Denny	ADDRESS 715 Light St

Spec.—1-12-23—M&T—500 Blks.

E 17096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17096

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Evelyn Terry

(a) RESIDENCE NO. Willows Monumental Ave. - Lansdowne ST., WARD

(Usual place of abode) non resident

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 22. 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Chas. A. Terry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Irma Steinacker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Chas. A. Terry (Address) Lansdowne Md

15 FILED DEC 24 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1926, to Dec 23, 1926, that I last saw her alive on Dec 23, 1926, and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Tons. & Laryn. Diphtheria

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Intubated Date of 12/21/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Cull, M. D.

12/23 1926 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 12-24 1926

20 UNDERTAKER Robert Brooks & Son

ADDRESS Cathedral & Madison

Spec.—1-12-23—M&T—500 Bks.

19 & 147
E 17097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17097

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~ ST., 7-1 WARD)

2-FULL NAME Mrs Francis Withers

(a) RESIDENCE NO. Summit Point W. Va. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Adrian Withers

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: 51 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Clarke Co Va

PARENTS

10 NAME OF FATHER: Charles R Hardesty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Martin Co Va.

12 MAIDEN NAME OF MOTHER: Lydia Bell.

13 BIRTHPLACE OF MOTHER (city or town) (State of country): Jefferson West Va

14 Informant: Records -
(Address)

15 Filed ... 19 ... Registrar C. HAMPSON JONES, M. D.

C 24 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 1- , 1926 , to Dec 23-26 , 1926 ,

that I last saw h.r alive on Dec 23- , 1926 ,

and that death occurred, on the date stated above, at 11 20 p.m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? W. Va

Did an operation precede death? yes for what? Date of Dec 19-1926

Was there an autopsy? No

What test confirmed diagnosis? Path section

(Signed) Clarfield M Jones, M. D.

, 19 (Address) WVU

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Boonsboro Md

DATE OF BURIAL: Dec 1926

20 UNDERTAKER: George A Finlay Inc

ADDRESS: Lafayette

E 17098

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

REGISTERED No. E 17098

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3000 Guilford Ave 17-3 St.; WARD)

(If death occured in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Arabella G. Archer

(Residence in Baltimore: No. 3000 Guilford Ave St.; 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: June 26, 1850 (Month) (Day), 1 (Year)

7 AGE: 76 yrs. 5 mos. 27 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Balto Co. Md

PARENTS

10 NAME OF FATHER: James Luther

11 BIRTHPLACE OF FATHER (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Kendall

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary E. Grant

(Address) 3000 Guilford Ave Balt. Md

15. DEC 24 1926, 19.. C. HAMPSON JONES, M. D.

By ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 23 (Month) (Day), 1926 (Year)

17. I HEREBY CERTIFY, That I attended deceased from about 2 Yrs, 191.., to Dec 23 1926.

that I saw her alive on Dec 23, 1926.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

about 2 yrs (Duration) ..... yrs. ..... mos. ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ds.

(Signed) H. G. Prentiss M. D.

Dec. 23, 1926 (Address) 634 Gorsuch Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Dec 27, 1926

20 UNDERTAKER: H. S. Marshall — ADDRESS: 2539 Falls Road.

IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

Ê 17099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151

Ê 17099

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1447 Wodall St. 24-3 Ward)

2-FULL NAME Abby E. Hyman

(a) RESIDENCE NO. 1447 Wodall St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 8 mos. 13 dys. How long in U. S., if of foreign birth? yrs. mos. dys.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: late Geo. W. Hyman

6 DATE OF BIRTH (month, day, and year): Apr 10/44

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	82	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): City

(State or country)

PARENTS

10 NAME OF FATHER: Thos. Wentworth

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Mrs H. Hyman

(Address): 600 N. Milton Ave

15 Filed 1926 19____ C. HARRISON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23/26

17

I HEREBY CERTIFY, That I attended deceased from Dec 8, 19 26, to Dec 23, 19 26, that I last saw h alive on Dec 23, 19 26, and that death occurred, on the date stated above, at 5A p. m.

The CAUSE OF DEATH* was as follows:

Gangrene of left leg.

(duration) ...yrs. ...mos. 15 ds.

CONTRIBUTORY (Secondary): Senility

(duration) ...yrs. ...mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Streett, M. D.

(Address) 8445 Frost Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial 12/27 19 26

20 UNDERTAKER: Philip Hennig — ADDRESS 2016 Orleans St

Spec.—12-9-25—A Co.—200 Bks.

Partakiewyck.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 17100

CERTIFICATE OF DEATH.

E 17100

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ignatius Partakiewyck

(a) RESIDENCE NO. Preston & Valley St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 5th 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Albert Partakiewyck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Little Sisters of the Poor

(Address) Preston & Valley Sts. H D

C. HARPER JONES, M. D.

15 Filed DEC 24 1926 By R H Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Dec 23rd

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,

that I last saw h... alive on Dec 19, 1926,

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ...yrs. ...mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. A. Moran, M. D.

23, 1926 (Address) 1133 Valley St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Holy Rosary — Dec 24 1926

20 UNDERTAKER — ADDRESS

Rita Wiedefeld 914 Gramont Ave

Very important. See instructions on back of certificate.

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17101

CERTIFICATE OF DEATH.

179

REGISTERED NO. E 17101

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret A. Anderson

(a) RESIDENCE NO. 101 Birchwood Ave St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Anderson

6 DATE OF BIRTH (month, day, and year): Apr 9/1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none/ Clerk, 4

(b) General nature of industry, business, or establishment in which employed (or employer): Branch office

(c) Name of employer: Fulton Grand Laundry

9 BIRTHPLACE (city or town) _____

(State or country): Balto., Md

PARENTS

10 NAME OF FATHER: William Burns

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Scotland

12 MAIDEN NAME OF MOTHER: Mary Cotter

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Ireland

14 Informant: Carrie L. Spies

(Address): 101 Birchwood Ave

FILED DEC 24 1926

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 22/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns over body

Clothing Caught fire from gas heater at 501 S. ann St

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. H. Cotter M. D.

(Coroner)

19 (Address) 12/24/26 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem-Dec Date of Burial 27 1926

20 UNDERTAKER: Lilly & Feiler ADDRESS: 403 S. Wolfe

Fill in all items if possible. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17102
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 17102
Registered No.....

City of BALTIMORE: (No. 1323 Whatcoat St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Florence Elizabeth Sykes.

(a) Residence No. 1323 Whatcoat St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Sykes.

6-DATE OF BIRTH (month, day and year) Feb 21-1855

7-AGE. 68 yrs. 10 mos. 21 ds. If LESS than 1 day, ✓ hrs. or ✓ min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundress (at)
(b) General nature of industry, business, or establishment in which employed (or employer) (Private work)
(c) Name of employer Mrs. F. H. Lapps

9-BIRTHPLACE (city or town) Baltimore Co. Md.
(State or Country)

PARENTS.

10-NAME OF FATHER, Henry Clark

11-BIRTHPLACE OF FATHER (city or town) Baltimore County
(State or Country)

12-MAIDEN NAME OF MOTHER, Unknown

13-BIRTHPLACE OF MOTHER (city or town) ✓
(State or Country),

11- (Informant) Charles Johnson
(Address) 1323 Whatcoat St.

15- DEC 24 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 22/26

17- I HEREBY CERTIFY, That I attended deceased from Dec 11, 1926 to Dec 22 1926
that I last saw h[illegible] alive on December 21, 1926
and that death occurred, on the date stated above, at 1a m.
The CAUSE OF DEATH* was as follows:

Bronchitis Acute

(Duration) ✓ yrs. ✓ mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) ✓ yrs. 3 mos. ✓ ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Signs

(Signed) George C. Shannon M. D
12/27, 1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Dec. 24 1926
20-UNDERTAKER. Mrs Jas H. Dennis per T. C. Kelson	ADDRESS 1303 Presstman St.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17103

CERTIFICATE OF DEATH.

90 E 17103

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Riggs ST. 16-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Felix Mary Beard

(a) RESIDENCE NO. 2812 Riggs ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles Carl,

6 DATE OF BIRTH (month, day, and year) May 23 1879

7 AGE: Years 47 Months 7 Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Eichelberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Keturah Lambley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Charles Carl

(Address) 2812 Riggs Av

15 Filed DEC 24 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 30. 1926, to Dec 23 1926, that I last saw ~~her~~ alive on Dec 21 1926, and that death occurred, on the date stated above, at 4.30 ~~P~~ A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Angina Pectoris.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1926 (Address) 300 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Baltimore — DATE OF BURIAL DEC 27 1926 19

20 UNDERTAKER Geo W Little — ADDRESS 2700 EDMONDSON AVE

Spec.—1-12-23—M&T—500 Blks.

E 17104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 17104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S Wolfe ST. 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Marek

(a) RESIDENCE NO. 126 S Wolfe ST, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Marek

6 DATE OF BIRTH (month, day, and year) Aug 15 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Rushin Shoe Co

(c) Name of employer Manufactory

9 BIRTHPLACE (city or town) (State or country) Chicago

PARENTS

10 NAME OF FATHER Jacub Marek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Eva Tarnowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Teresa Marek Wife (Address) 126 S Wolfe St

15 Filed Dec 24 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1926, to Dec 22, 1926, that I last saw him alive on Dec 22 1926 and that death occurred, on the date stated above, at 6 15 P m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) (?) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 4 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Israel Ziegler, M. D.

Dec 24 1926 (Address) 1700 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary cem	Dec 27 1926
20 UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17105

CERTIFICATE OF DEATH.

154 002 E 17105

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S Washington St. 7-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Anuszewski

(a) RESIDENCE No. 515 S Washington ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	—	—	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph Anuszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine Byer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Mrs Joseph Anuszewski
(Address) 515 S Washington St

15 Filed DEC 24 1926 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 23, 1926,

that I last saw her alive on Dec 23, 1926

and that death occurred, on the date stated above, at 4 P m

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Carbol foramen bronchi

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) John L. Sapirstein, M. D.

, 19 (Address) 1836 East Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus cem	Dec 24 26
UNDERTAKER	ADDRESS
John M Weber	1803 Bank St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 17106

E 17106

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 515 N. Rose St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard B. Fanning

(a) RESIDENCE NO. 515 N. Rose St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Platt

6 DATE OF BIRTH (month, day, and year) Aug. 14th 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	54	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Balt. city P.D. Ret'd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) City

(State or country)

PARENTS

10 NAME OF FATHER John Fanning

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Chaney

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Mass

14 Informant E. J. Fanning

(Address) 1938 Lafayette ave.

Dec 4 1926 C. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21st 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14 1921, to Dec. 21 1926, that I last saw h... alive on Dec. 21, 1926, and that death occurred, on the date stated above, at 7 1/4 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis.

(duration) ...yrs. 5 mos. ...ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ...Date of...

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. J. Chatt, M. D.

12/23, 1926 (Address) 701 Maryland ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery Date of Burial 12/24 1926

20 UNDERTAKER E. J. Fanning & Son ADDRESS 1938 E. Lafayette

Spec.—1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17107

CERTIFICATE OF DEATH.

100-001 E 17107

REGISTERED NO. 4

1-PLACE OF DEATH Balto City Hospls. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, NO. 1 Balto Md ST. 96-1 WARD)

2-FULL NAME Lafayette L Shipley

(a) RESIDENCE NO. Unknown ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unk mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
78				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bulgaria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Balto City Hospls. (Address) Balto Md

15 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21 1926

17 I HEREBY CERTIFY, That I attended deceased from 11-23-, 1926, to 12-21-, 1926.

that I last saw him alive on 12-21-, 1926

and that death occurred, on the date stated above, at 9.40 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchio Pneumonia (duration) Yrs. mos. dd.

CONTRIBUTORY (Secondary) Senile Psychosis w/ Confusion & Disorientation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of.

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goodman M. D.

12/22/26 19 (Address) Balto City Hospls

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Dec 24 1926

20 UNDERTAKER Harry H. Witz & Co ADDRESS 1534 W Lombard

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17108

CERTIFICATE OF DEATH.

41 ✓

E 17108
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver ST., 9-2 WARD)

2-FULL NAME Mrs. Gertrude Bankard.

(a) RESIDENCE NO. 2111 E. Eager ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If ~~married, widowed, or divorced~~ (or) WIFE of Harry J. Smith

6 DATE OF BIRTH (month, day, and year) May 3 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	6	20.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Bankard

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Josephine Volk

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Lillian Bankard
(Address) 2111 E Eager St

15 Filed 4 1926 C. HAMPSON JONES, M. D., Registrar
Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1926, to Dec 23, 1926, that I last saw her alive on Dec. 23, 1926, and that death occurred, on the date stated above, at 1:20 a. m.

The CAUSE OF DEATH* was as follows:

Septicemia.
(organism could not be cultured).
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Toxemia.
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? — Date of —

Was there an autopsy? None

What test confirmed diagnosis?

(Signed) Frank R. DePaula, M. D.

, 19 (Address) St. Joseph's

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec 27 1926
20 UNDERTAKER Robt J Turner	ADDRESS 1942 N Broadway

Spec.—1-10-21—M&T—1500 Blks.

E 17109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17109

CERTIFICATE OF DEATH.

38

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Claggett St ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Truitt.

(a) RESIDENCE NO. 505 Claggett ST., 17 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Truitt

6 DATE OF BIRTH (month, day, and year) Oct 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 023

(b) General nature of industry, business, or establishment in which employed (or employer) Wagon Manufacturer

(c) Name of employer Leander Wagon Factory

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ambrose Truitt

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town) Dont (State or country) Know

14 Informant Eleanor Truitt (Wife) (Address) 505 Claggett St

15 Filed ....19.... C. RAYMOND JONES, M. D. Registrar

4 1926 OKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21 1926

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1926, to December, 1926, that I last saw him alive on December 17, 1926 and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Deep infection of neck involving glands of same —

(duration) yrs. 10 mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? C C

What test confirmed diagnosis?

(Signed) C R Smith M. D.

, 19 (Address) 709 Addington & Jones

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12/24/26
20 UNDERTAKER	ADDRESS
M. P. C. Elliott	Ashland

Spec.—1-10-21—M&T—1500 Bks.

E 17110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17110

CERTIFICATE OF DEATH.

32

1-PLACE OF DEATH Maryland General Hospital

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ..... ST., 11-2 WARD)

2-FULL NAME Joseph Kvedere Kvder

(a) RESIDENCE NO. West Port Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 1923

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	3	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) West Port
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Kvedere

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ~~Russia~~ Lithvania

12 MAIDEN NAME OF MOTHER Emilosia Kinskunas

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Russia Lithvania

14 Informant Father (Joseph Kvedere)
(Address) West Port Md.

15 Filed 2 4 1926 C. RAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926, to Dec 23, 1926, that I last saw h/M alive on Dec 23, 1926, and that death occurred, on the date stated above, at 5 20 A m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno A Thompkins M. D.

19 (Address) 111 S Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 27. 1926
20 UNDERTAKER	**ADDRESS**
John Grebliunas	4239 Para

Spec—12-23-21—E.B.R.S.—400 Bks.

17111 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17111

CERTIFICATE OF DEATH.

Registered No. 185

1-PLACE OF DEATH

City of BALTIMORE: (No. 3014 W North Ave 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Martin L. Hammett

(a) Residence No. 3014 W North Ave, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Clara J Hammett

6-DATE OF BIRTH (month, day and year) Sept 29 1847

7-AGE, 79 yrs. 3 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), St Marys Co Md

PARENTS.

10-NAME OF FATHER, J. B. Hammett

11-BIRTHPLACE OF FATHER (city or town) (State or Country), St Marys Co Md

12-MAIDEN NAME OF MOTHER, Ann L. Wise

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), St Marys Co Md

14- (Informant) Jennie Hammett-Mangan

(Address) 1833 Edmondson Ave

15- Filed 12-24 1926 C. HAMPSON JONES, M. D. By CRH Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 23, 1926

17- I HEREBY CERTIFY, That I attended deceased from August 10, 1926, to Dec 23, 1926, that I last saw him alive on Dec 22", 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Hemoplegia

right side

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Fractured Hip (accidental fall on dining room)

(Duration) yrs. mos. 7 ds.

18-Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ? cerebral embolus.

(Signed) Herbert E. Zapp M. D.

Dec 24 1926 (Address) 3048 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cem. DATE OF BURIAL. Dec 24, 1926

20-UNDERTAKER George J Smith ADDRESS 1532 Hollins St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17112 | CERTIFICATE OF DEATH. | E 17112

1-PLACE OF DEATH

City of BALTIMORE: (No. 1800 N. Smallwood St. 45-12 Ward) REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Morris Lurie

(a) RESIDENCE NO. 1800 N. Smallwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Lurie

6 DATE OF BIRTH (month, day, and year) about 1885

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectioner

(b) General nature of industry, business, or establishment in which employed (or employer) 819

(c) Name of employer Self

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Nathan Lurie

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Rachael Kopard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Abe Kaffenman

(Address) 39 N. Edwards

1926 C. HAMPSON JONES, M. D. Registrar

Per BKH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease about (duration) .....yrs. 9 mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. E. Kennessy, M. D. (Coroner)

Dec. 27, 1926 (Address) 2602 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Henning Run	12/24 1926

20 UNDERTAKER Sol Levinson Bro ADDRESS 1127 E Balto st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17113

CERTIFICATE OF DEATH.

179

E 17113

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. St. Joseph Hospital St. 26-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Seltinio

(a) RESIDENCE NO. 202 S. 7th St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Aug 15/24

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Pete Seltinio

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Ferena

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Balto., Md

14 Informant: Pete Seltinio

(Address) 202 S. 7th St

15 Filed 4 1926 C. HAMILTON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/25 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns-Hot Water-left side & arm.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Shock

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. K. Pallen M. D. (Coroner)

12/23/25 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. Date of Burial: Dec 27 1925

20 UNDERTAKER: John Ellis ADDRESS: 2008 Orleans

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17114

CERTIFICATE OF DEATH.

E 17114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 White St ST. 70-5 101 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lewis Gross

(a) RESIDENCE NO. 1935 White St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 15th. 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John H. Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Estelle Jaskson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John E. Gross

(Address) 1935 White St.

15 Filed 4 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22nd 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec. 21st, 19 26, to Dec 22nd, 19 22,

that I last saw h im alive on Dec. 22nd 1926

and that death occurred, on the date stated above, at 5.25 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Bilateral

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J Jackson, M. D.

, 19 (Address) 1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Dec 24, 19 26

20 UNDERTAKER Jno. M. Johnson

ADDRESS 1234 Edding St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17115

CERTIFICATE OF DEATH.

73 E 17115

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1736 N. Broadway St., 8-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Buchheimer

(a) RESIDENCE NO. 1736 N. Broadway St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: George H. Buchheimer

6 DATE OF BIRTH (month, day, and year): November 8, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60 Years	1 mo	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Eliza Taylor

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Martha L. Davis

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Alexander, Virginia

14 Informant: Mr George H. Buchheimer.

(Address) 1736 N. Broadway

15 Filed 4 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 23, 1926 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1925, to Dec 25, 1926, that I last saw ~~her~~ alive on Dec 23, 1926, and that death occurred, on the date stated above, at 3.15 P.m.

The CAUSE OF DEATH* was as follows: Combined Sclerosis of Spinal Cord

(duration) 1 yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary): Anemia

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. A. Davis, M. D.

, 19 (Address) 1509 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — Date of Burial: Dec 25 1926

20 UNDERTAKER: Jos Joerdens + Son — ADDRESS: 217 S. Paca St.

Cor.—12-9-25—A Co.—200 Bks.

E 17116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17116

CERTIFICATE OF DEATH.

66

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2222 E. Fairmount Av St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael J. Barrett

(a) RESIDENCE NO Probably 2222 E. Fairmount Av St. _____ Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 30 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Jackson

6 DATE OF BIRTH (month, day, and year) About 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	About 55	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer Self

9 BIRTHPLACE (city or town) Limerick

(State or country) Ireland

PARENTS

10 NAME OF FATHER John Barrett

11 BIRTHPLACE OF FATHER (city or town) ? ? ?

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Kate O'Connell

13 BIRTHPLACE OF MOTHER (city or town) ? ? ? ?

(State or country) Ireland

14 Informant Mr. J. F. Barrett (Brother)

(Address) 435 Montpelier St.

DEC 24 1926 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chr. Alcoholism

(duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D. (Coroner)

12/24/26 (Address) 508 E. Borth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death....yrs....mos....ds. In the State 30 yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? 2222 E. Fairmount Ave

Former or usual residence Baltimore Md

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial: Dec/25/1926.

20 UNDERTAKER: STEWART & McEWEN COMPANY (Address) ADDRESS 109 W. NORTH AVE.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17117

CERTIFICATE OF DEATH.

X73 E 17117

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hos ST. 12-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexius W. Babbington . Jr.

(a) RESIDENCE NO. 1113 I. St. N.E. Washington D.C. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Alexius W. Babbington

6 DATE OF BIRTH (month, day, and year): Mar 23, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8 9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: Alexius W. Babbington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash. D.C.

12 MAIDEN NAME OF MOTHER: Mary Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wash DC

14 Informant: A. W. Babbington, Jr.
(Address): Washington D.C.

15 Filed: DEC 5 1926

G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1926, to Dec 24, 1926, that I last saw h alive on Dec 24, 1926, and that death occurred, on the date stated above, at 3:05 P. m.

The CAUSE OF DEATH* was as follows:

Respiratory Failure -

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Sarcoma pelvis of uterus cord (post operative (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Dec 22-1926

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) J. P. Price, M. D.

, 19 (Address) Johnson Memorial Hosp - Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington, D. C.

DATE OF BURIAL: Dec 29 1926

20 UNDERTAKER: Wm. J. Gibson & Bro

ADDRESS: Twenty Cts

Cor.—12-9-25—A Co.—200 Bks.

E 17118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002

E 17118

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1755 N. Gay St St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy A. Struck

(a) RESIDENCE NO. 1755 N. Gay ST St. _____ Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 7 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Apr 24/1916

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	10	7	29 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): pr

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Bernard J. Struck

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Adaline Hartman

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Balto., Md.

14 Informant Adaline Struck

(Address) 1755 N. Gay St

Filed DEC 25 1926 C. HANSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 /26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Meningitis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Probably Influenza

..... (duration) ..... yrs. ..... mos. 5 ds.

(Signed) J. H. Bates, M. D.

(Coroner)

12/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date Lawn Cemetery — Date of Burial: DEC 27 1926

20 UNDERTAKER: J. Henry Lutz — ADDRESS: 1203 N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17119
1-PLACE OF DEATH

44 E 17119
REGISTERED NO.

City of BALTIMORE: (No. 1828 Bell St 24-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah B. Turnbaugh

(a) RESIDENCE NO. 1828 Bell St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Turnbaugh.

6 DATE OF BIRTH (month, day, and year) Unknown. - 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Hamilton Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Louis Turnbaugh

(Address) 1828 Bell St.

Received DEC 25 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1926, to Dec 24, 1926, that I last saw her alive on Dec 24, 1926 and that death occurred, on the date stated above, at 9:10 A. m.

The CAUSE OF DEATH* was as follows: Carcinoma Stomach & tongue

(duration) X yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 2 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Hospital & Pros.

(Signed) , M. D.

(Address) 2202 N. Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Dec 27 1926.

20 UNDERTAKER Geo. E. Lowe ADDRESS 901 Hollins St.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17120 E 17120

CERTIFICATE OF DEATH.

17-3 179

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 213 E 25th St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.... Walter H Stewart

(a) Residence No.... 213 E 26th St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 1 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Male

4-COLOR OR RACE, White

5-~~Single,~~ ~~Married,~~ Widowed, ~~or Divorced.~~ (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Margaret Stewart

6-DATE OF BIRTH (month, day and year) April 22nd 1866

7-AGE, 61 yrs. 8 mos. 1 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)..... Standard Oil Co.

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Baltimore Md
(State or Country).

PARENTS.

10-NAME OF FATHER, Walter Stewart

11-BIRTHPLACE OF FATHER (city or town)..... Scotland
(State or Country).

12-MAIDEN NAME OF MOTHER, Margaret Stewart

13-BIRTHPLACE OF MOTHER (city or town)..... Baltimore Md
(State or Country).

14-(Informant)..... Charles A Stewart

(Address)..... Old Pimlico Road Mt Washington

15-Filed ~~DEC~~ 25 1926 C. EMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 23rd 1926

17- I HEREBY CERTIFY, That I attended deceased from February 5, 1924, to Dec. 23, 1926, that I last saw him alive on Dec 23, 1926 and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis (myocarditis)

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilitation

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

12/23, 1926 (Signed) Geo W Fowler M. D. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Lorraine Cemetery — DATE OF BURIAL, Dec 27th, 1926

20-UNDERTAKER, George Schilling & Sons — ADDRESS 1126 E Monument St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17121

CERTIFICATE OF DEATH.

90 E 17121

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Enoch Williams

(a) RESIDENCE NO. 1157 Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
m.	Col.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Holley

6 DATE OF BIRTH (month, day, and year) April 13, 1886.

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
40	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town).....

(State or country) St Mary's Co Md.

PARENTS

10 NAME OF FATHER Joseph Williams

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Wood.

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Md.

14 Informant Beatrice Cuff.

(Address) 1157 N. Calhoun St.

Filed 12-5-25 C. HAMPSON JONES, M. D., Registrar

Z 5 1925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926

Dec. 22.

17

I HEREBY CERTIFY, That I attended deceased from 9-4-, 1924, to 11-22-, 1926;

that I last saw him alive on Dec. 22, 1926, at 7.30p m.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lymph Glands Tuberculosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Dr Heywood, M. D.

. 19 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery Date of Burial 12/29 1926,

20 UNDERTAKER Mrs Jas H. Dennis ADDRESS

per J. E. Nelson 1303 Pennsylvania

rec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17122

CERTIFICATE OF DEATH.

E 17122

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (NO. ..... ST. 15-12 ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Heinlein

(a) RESIDENCE NO. 1528 N. Fulton ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 12 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~: Elizabeth Heinlein

6 DATE OF BIRTH (month, day, and year): Oct 11 68

7 AGE: Years 58 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plumber

(b) General nature of Industry, business, or establishment in which employed (or employer): 059

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John G Heinlein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wolf Kunon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Heinlein

(Address): 1528 N Fulton

15 FILED 1926 W. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/20/26, 19 ..., to 12/23/26 19 ...,

that I last saw him alive on 12/23/26, 19 ...,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Intestinal perforation and general peritonitis

(duration) ... yrs. ... mos 4 wks.

CONTRIBUTORY (Secondary): Toxemia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?: .....

Did an operation precede death? yes Date of 12/20/26

Was there an autopsy? no

What test confirmed diagnosis? Operation & Post mortem

(Signed) J. L. Whitehead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn bur — DATE OF BURIAL: 12/26/26

20 UNDERTAKER: H M Routzon — ADDRESS: 2238 N Gilmor

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17123

CERTIFICATE OF DEATH.

101 E 17123

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 N Fayette ST. 18-2 WARD)

2-FULL NAME Ethel Bell Brinkley

(a) RESIDENCE No. 831 N Fayette ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo H Brinkley

6 DATE OF BIRTH (month, day, and year) June 17, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	38	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) Wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Oliver Bird

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Della May Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Geo H Brinkley
(Address) 831 N Fayette St

15 Filed DEC 25 1926 C. EASTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 10. 1926. to Dec 23. 1926.

that I last saw her alive on Dec. 23. 1926

and that death occurred, on the date stated above, at 11.55 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 10. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 6. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Home.

(Signed) Edgar L Travers, M. D.

, 19 (Address) 1500 Hollins.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Bur

DATE OF BURIAL Dec 25 1926

20 UNDERTAKER W M Routson

ADDRESS 2238 N Gay

Spec.—1-12-23—M&T—500 Blks.

E 17124 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

90 E 17124

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Park Ave ST. 13-6 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon S. Rosenstein

(a) RESIDENCE NO. 2107 Park Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Blanche Rosenstein

6 DATE OF BIRTH (month, day, and year): Aug. 9, 1886

7 AGE: Years 40 Months 3 Days 14 If LESS than 1 day, ...hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Piano

(b) General nature of industry, business, or establishment in which employed (or employer): Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Louis Rosenstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachel Block

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Wm. Rosenstein (Address) 2107 Park Ave.

15 Filed 12 26 1926 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23/1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Dec. 23, 1926, that I last saw h.m alive on Dec 23, 1926, and that death occurred, on the date stated above, at 11 20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? ~~Clinical~~ no

What test confirmed diagnosis? clinical

(Signed) I Frederick Lentz, M. D.

12/27 1926 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Hebrew Cem. DATE OF BURIAL: 12/26/1926

20 UNDERTAKER: Harry Londheim ADDRESS: 1520 Mt. Royal Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17125

CERTIFICATE OF DEATH.

1390

E 17125

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Biddison Lane ST.) Raspeburg (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice L. Hoey

(a) RESIDENCE No. 2 Biddison Lane ST. Raspeburg WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hoey

6 DATE OF BIRTH (month, day, and year) Aug 29th 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER John S. Biddison

11 BIRTHPLACE OF FATHER (city or town) Balto. Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Forrester

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co. (State or country) Md

14 Informant Henry Hoey (Address) 2 Biddison Lane Raspeburg

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1926, to 12/24, 1926

that I last saw h alive on 12/23, 1926

and that death occurred, on the date stated above, at 6.15 a. m.

The CAUSE OF DEATH was as follows: Cerebro Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular Heart Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D Lange, M. D.

, 19 (Address) Cor Fayette & Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Biddison Family Cemetery	Dec 27, 26
20 UNDERTAKER	ADDRESS
Frederick Brassard	Long Fullerton

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17126
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

1624

E 17126
Registered No.

City of BALTIMORE: (No. 608 S Decker Ave St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Regul

(a) Residence No. 608 S Decker Ave St., 1 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female | 4-COLOR OR RACE, white | 5-Single, Married, Widowed, or Divorced, (Write the word.) baby

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 12-24-26

7-AGE. ....yrs. ....mos. ....ds. If LESS than 1 day, ...hrs. or 6 min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) Balto Md
(State or Country),

PARENTS.
10-NAME OF FATHER, Harry Regul
11-BIRTHPLACE OF FATHER (city or town) Balto
(State or Country),
12-MAIDEN NAME OF MOTHER, Lillian Allen
13-BIRTHPLACE OF MOTHER (city or town) Md
(State or Country).

14-Informant Lillian Regul
(Address) 608 S Decker Ave

15-[illegible] 1926 Registrar.
Ref. RK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-24-26

17- I HEREBY CERTIFY, That I attended deceased from 12/24 19 26 to 12/24 19 26
that I last saw her alive on 12/24 19 26
and that death occurred, on the date stated above, at 5-45 P m.
The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

18-Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical signs

(Signed) David Nisker M. D.
12/24 19 26 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Rosary Cem	Dec 26 19 26
20-UNDERTAKER,	ADDRESS
Stephen J Fiaherty	1000 S Kenwood Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17127

CERTIFICATE OF DEATH.

90 E 17127

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Sullivan

(a) RESIDENCE NO. 1742 E. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) not known 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Not known

14 Informant J. L. Brooks (Brother)

(Address) 1742 E. North ave.

15 DEC 26 1926 19 C. FRANKLIN JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 23 - 1926

17

I HEREBY CERTIFY, That I attended deceased from 10-25, 1918, to 12-23, 1926, that I last saw h— alive on 12-23 1926, and that death occurred, on the date stated above, at 10 am

The CAUSE OF DEATH* was as follows: Myocarditis & Arteriosclerosis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis & Cardiac Dilitation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Balto City Hosp.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Geo. H. Corbus, M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial Dec 27 1926

20 UNDERTAKER Wm. Cook — ADDRESS 502 E. North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17128

CERTIFICATE OF DEATH.

167-001

E 17128

1-PLACE OF DEATH

City of BALTIMORE: (No. 2110 W. Lexington St. 20-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Moran

(a) RESIDENCE NO. 2110 W. Lexington Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) N. Y.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Gilberta Moran

(Address) 2110 W. Lexington St.

15 Filed DEC 26 1926 C. EMERSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Inhaling Illuminating Gas

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) —

(duration) ....yrs. ....mos. ....ds.

(Signed) Thos. B. Horton M. D.

(Coroner)

Dec 25 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See rules for additional data.) Razor Md

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg, W Va Date of Burial Dec 28 1926

20 UNDERTAKER J. C. Cook ADDRESS 501 E Hoyt Ave

Spec.—12-9-25—A Co.—200 Bks.

E 17129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 17129

REGISTERED NO.

1-PLACE OF DEATH [redacted] Hospital (Mercy Hospital) St. 1512 Ward)

City of BALTIMORE: (No. (Edward))

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ross Anderson

(a) RESIDENCE NO. 1815 Pulaski St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: m

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Marrid

5a If married, widowed, or divorced HUSBAND (or) WIFE of: Sophia Anderson

6 DATE OF BIRTH (month, day, and year): Oct 4. 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60 Yrs	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter 63

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Joshua Anderson

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Stanford

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md.

14 Informant: Elizabeth I. Anderson

(Address): 1815 Pulaski St

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 1926 to Dec 23, 1926

that I last saw h[redacted] alive on Dec 23, 1926,

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocardial degeneration

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary): Uremia

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. Elliott, M. D.

, 19 (Address) Mercy Hospital Cert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Dec 27 1926

20 UNDERTAKER: W. Cook — ADDRESS: 502 E North Ave

Spec.—12-9-25—A Co.—200 Bks.

E 17130

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17130

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 601 N. Belnord St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kunigunda Neff

(a) RESIDENCE NO. 601 N. Belnord St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 15/1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: John Neff

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary - Bartel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Mary Neff

(Address): 601 N. Belnord

Filed 12 6 1926 C. HAMPSON JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 23 — 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1926, to Dec. 23, 1926,

that I last saw her alive on Dec. 22, 1926,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute bronchitis - edema of lungs

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Schmitt, M. D.

12/24 1926 (Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: Dec 27 1926

20 UNDERTAKER: Jos. J. Kerr 856 Fulton — ADDRESS

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17131

CERTIFICATE OF DEATH

90

E 17131

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 112 N. Luzerne Ave St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Schenfler

(a) RESIDENCE NO. 112 N. Luzerne Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	65	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Knitting Machine

(b) General nature of industry, business, or establishment in which employed (or employer) Operator 86

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER John C. Schenfler

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Rose

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Christine Schenfler

(Address) 112 N. Luzerne Ave

Filed 12 26 1926 C. [illegible] JONES, M. D.

By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1926, to Dec. 24, 1926, that I last saw h-r alive on 22, 1926, and that death occurred, on the date stated above, at 4 P.M. m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Heart muscles

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) old age

(duration) 5 yrs. mos ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) A. C. Peace M. D.

12/24. 1926 (Address) 3401 Fairview Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Paul's Cemetery	Dec. 27 1926
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc	1710 Fleet St.

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

E 17132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17132

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. 7-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida E Hartlove

(a) RESIDENCE NO. 244 S. Ann St. 2 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo R. Hartlove

6 DATE OF BIRTH (month, day, and year) Nov 16th 1708

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home 137

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Charles Reuter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto City

12 MAIDEN NAME OF MOTHER Mrs Gabel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto City

14 Informant Geo R. Hartlove

(Address) 244 S Ann

DEC 26 1926 C. FANNIN JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains deseribed above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

By Chloroform Poisoning

Probably accident

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage due to Nephritis (duration) yrs. mos. 2 ds.

(Signed) Jas M Linton, M. D.

(Coroner)

12 25 1926 (Address) 704 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. 6 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 244 S Ann

Former or usual residence 244 S Ann

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery Date of Burial Dec 28 1926

20 UNDERTAKER Lilly-Zeiler ADDRESS 403 S. Wolfe St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17133

CERTIFICATE OF DEATH

12 ✓ Le Pericles

E 17133

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 112 N. Durham St. 601 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Endred

(a) RESIDENCE NO. 112 N. Durham St. 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Barbara Endred.

6 DATE OF BIRTH (month, day, and year) April 1856

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	70	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Dont Know

(State or country) Germany

14 Informant John H. Endred

(Address) 3223 Elmora Ave.

Filed 12-26-1926 C. HAMPSON JONES, M. D. Registrar

Per K H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23rd 19 26

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 26 to Dec 23 19 26

that I last saw h.. alive on Dec 23 19 26

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

Cystitis (

duration yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Senile Prst Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Reed Shipley M. D.

12-27-26 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Dec 27 1926

20 UNDERTAKER Lilly & Geiler ADDRESS 403 N. Arch St

Spec.—1-12-23—M&T—500 Blks.

Pegee

1846 44

E 17134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 + 179 E 17134

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1 ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Pegee

(a) RESIDENCE NO. Pkumpney - Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Margaret —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Yardman B & O. Shops

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Harrison Pegee

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Pegee

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Friends — (Address) JOHNS HOPKINS HOSPITAL

15 Filed DEC 26 1926 By C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct - 23, 1926, to Dec - 23, 1926 that I last saw him alive on Dec. 23, 1926, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Infarcts of lung, kidneys etc
Arteriosclerosis, Myocardial
Hypertension Insufficiency

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) E. Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Ct	Dec 26 1926
20 UNDERTAKER	ADDRESS
S. L. Brown & Son	108 W. Monty

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17135

E 17135

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables ST. 13-4 WARD)

2-FULL NAME Mrs Laura V. Myers

(a) RESIDENCE NO. Home for Incurables ST., WARD 4th St & Cedar Ave

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James B. Myers

6 DATE OF BIRTH (month, day, and year): July 28 1851

7 AGE: Years 75 4/12 | Months 4 | Days 26 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home-wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto - Md.

PARENTS

10 NAME OF FATHER: John Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto - Md.

12 MAIDEN NAME OF MOTHER: Catherine Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Samuel Myers 1110 Bolton St

15 Filed DEC 26 1926 C. RAYMOND JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1926, to Dec 24, 1926, that I last saw her alive on Dec 23, 1926, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary): Arterio Hypertension

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) W. W. Thayer, M. D.

12/24/26 (Address) Latrobe Apartments

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn

DATE OF BURIAL: Dec 27 1926

20 UNDERTAKER: John A. Whitelock

ADDRESS: 1201 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17136 E 17136

CERTIFICATE OF DEATH.

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Poplar Grove St. 15-9 WARD)

2-FULL NAME Annie M. Swanson

(a) RESIDENCE NO. 1725 Poplar Grove ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 17 1863

7 AGE — Years: 63. Months: 9 Days: 8 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harrisonburg Va

PARENTS

10 NAME OF FATHER: Thomas Swanson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Beulah Reilly

(Address) 1725 Poplar Grove

15 DEC 26 1926 C. HAMPTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Dec 25, 1926, that I last saw h alive on Dec 25, 1926 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Stroke

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension Heart

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) R. B. Norment M. D.

(Address) 3343 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Dec 27 1926

UNDERTAKER: Richard O. Mitchell

ADDRESS: 201 W Fayette

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17137

90 E 17137

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Hanover ST. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Glaeser

(a) RESIDENCE NO. 1207 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina F. Glaeser

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1.	12.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Reliable Furn. Co.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Glaeser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wilhelmina F. Glaeser (Address) 1207 Hanover St.

15 Filed DEC 28 1926 . 16 C. FRANK JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24th 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1925, to Dec 24th 1926, that I last saw him alive on Dec 24th, 1926, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic aortic regurgitation

(duration) 1 yrs. 2 mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Aleibel M. D.

(Address) 224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemy	Dec 28 1926
20 UNDERTAKER F. A. Ulmer & Son	ADDRESS 703 Hanover

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17138

CERTIFICATE OF DEATH.

72 E 17138

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 S. Charles St. 23-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Sauk

(a) RESIDENCE NO. 1222 S. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Dealer, 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER David N. Sauk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Eliz Fiedding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Emma Murphy

(Address) 1222 S. Charles St

15 Filed C 26 1926 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27th 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 9th 1925 to Dec 24th 1926.

that I last saw living on Dec. 23rd 1926.

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 1 yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Thos Hegilicel M. D.

(Address) 124-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Dec 27 1926

20 UNDERTAKER Fred. A. Schwaner & Son — ADDRESS 703 Hanover St

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17139

129

E 17139

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 519 Edgewood St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Argo

(a) RESIDENCE NO. 519 Edgewood St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ira Argo

6 DATE OF BIRTH (month, day, and year): June 6 1864

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	62	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town): Cecil Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Samuel Manchester

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Murphy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md

14 Informant: Mr. I. C. Argo

(Address): 519 Edgewood St.

Date Filed 19

C. HAMPSON JONES, M. D. Registrar

DEC 26 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Mar 10, 1926, to Dec 24, 1926, that I last saw her alive on Dec 20, 1926, and that death occurred, on the date stated above, at 10 25 a. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) uncertain yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia with Pulmonary Congestion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Fact

(Signed) J. Mull Stifler, M. D.

12/27, 1926 (Address) 1319 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Franklin Cem Co Md. Date of Burial 12/28 1926

20 UNDERTAKER: I. Frew McCully

ADDRESS: 130 E. First

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17140

CERTIFICATE OF DEATH.

101-001 E 17140

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Payson and Dukeland ST. 10 W WARD)

2-FULL NAME Isaac Raskin

(a) RESIDENCE No. 802 N. Arlington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Raskin

6 DATE OF BIRTH (month, day, and year) Dec. [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Raskin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Goldy Stutsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Louis

(Address) 1439 E. Lexington

15 Filed 26 1926, 19 C. EASTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/25, 1926, to 12/26, 1926, that I last saw him alive on 12/26, 1926, and that death occurred, on the date stated above, at 1:45 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Webb, M. D.

, 19 (Address) W. B. J. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Shaw Russdale	12-26-1926
UNDERTAKER	ADDRESS
Jack Lewis	1439 E. Balto.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17141

CERTIFICATE OF DEATH.

118-002

E 17141

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square ST. Hosp WARD)

2-FULL NAME Louis Etelson

(a) RESIDENCE NO. 1411 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 25 1809

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Chiam Etelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Feldman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Chiam Etelson

(Address) 1411 W Fayette St

15 Filed DEC 26 1926 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25 19 26

17

I HEREBY CERTIFY, That I attended deceased from Dec. 24 19 26 to Dec 25 19 26

that I last saw him alive on Dec. 25 19 26

and that death occurred, on the date stated above, at 9.30P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

With Gangrene

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Toxemia ; shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/25/26

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) Louis T. Lazarus, M. D.

(Address) 12/25/26 Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 12/26 19 26

UNDERTAKER Jack Lewis

ADDRESS 1039 E Balt St

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17142

161-001

E 17142

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1025 N. Central Ave St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Nellem

(a) RESIDENCE NO. 1025 N. Central Ave St. E Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25 1926

7 AGE Years Months Days IF LESS than 1 day hrs. 7 or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Francis X. Nellem

11 BIRTHPLACE OF FATHER (City or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Lina E. Straus

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs. Frances Nellem.

(Address) 1025 N. Central Ave

Filed DEC 26 1926 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926, to Dec 26, 1926, that I last saw him alive on Dec 25, 1926, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia in mother

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thomas J Cowman M. D.

Dec 26, 1926 (Address) 1001 Virginia St

*State the Disease Causing Death, or in Deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: Dec. 27 1926

UNDERTAKER: Henry Sorek Son — ADDRESS: 1811 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 17143

CERTIFICATE OF DEATH.

REGISTERED NO. E 17143

1-PLACE OF DEATH

City of BALTIMORE: (No. 658 Pitcher St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gross

(a) RESIDENCE NO. 658 Pitcher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter Gross

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): York Co.

(State or country): Pa.

PARENTS

10 NAME OF FATHER: George Betty

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Pa.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Unknown

14 Informant: Susie Rogers

(Address): 658 Pitcher St.

15 Filed: G 26 1926 Per: R.M. Registrar

E. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1926, to Dec 24, 1926, that I last saw him alive on Dec 23, 1926, and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hugh D. Wolcott, M. D.

12-26-1926 (Address) 703 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Thomas Cem

Date of Burial: 12/28/26

20 UNDERTAKER: Samuel H Busby & W Biddle

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-002

E 17144

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

70-5

E 17144

REGISTERED NO.

City of BALTIMORE: (No. 1827 N. Mulberry St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Bender

(a) RESIDENCE NO. 1827 N. Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Bender

6 DATE OF BIRTH (month, day, and year) July 7 1849

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	77	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 403

(b) General nature of industry, business, or establishment in which employed (or employer) Baker

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Christian Bender

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Justina ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mrs Elizabeth Bender

(Address) 1827 N. Mulberry St

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1926, to Dec 28, 1926, that I last saw him alive on Dec. 23, 1926, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the Liver (non Alcoholic form) direct cause unknown.

(duration) unknown mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from the Stomach. (duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs and Symptoms

(Signed) Charles Lentz, M. D.

Dec 24, 1926 (Address) 1111 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial 12-27 1926

20 UNDERTAKER Mrs Charles A. Golde ADDRESS 600 N Arlington Ave.

Spec.—1-10-21—M&T—1500 Bks.

E 17145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 17145

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Mt Gueston ST. WARD)

2-FULL NAME Mrs Helen Lungfold

(a) RESIDENCE NO. 2044 Pacific Ave ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. F. Lungfold

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	58	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W. 27

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Theodore P. Gahn (JAHN)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Richards (Address)

15 Filed DEC 26 1926 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12·24·1926

17 I HEREBY CERTIFY, That I attended deceased from 12·24·1926 to 12·24·26.

that I last saw her alive on 12·24·26.

and that death occurred, on the date stated above, at 12 55 P. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis Uremic Poisoning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia 24 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) Church Home Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	12/27, 1926

20 UNDERTAKER Henry W. Spears & Son ADDRESS 801 N. Calvert

Spec.–7-17-26–A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17146

CERTIFICATE OF DEATH

31 ✓

E 17146

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 928 Stricker St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Hawkins Jr.

(a) RESIDENCE NO. 928 Stricker St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-20-1907

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	19	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer anywhere can obtain work

9 BIRTHPLACE (city or town) Prince George Co

(State or country) Md

PARENTS

10 NAME OF FATHER Bernard Hawkins

11 BIRTHPLACE OF FATHER (City or town)

(State or country) St. Mary Co. Md.

12 MAIDEN NAME OF MOTHER Rosetta Thomas

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St. Mary Co. Md.

14 Informant Rosetta Hawkins

(Address) 928 N. Stricker

15 Filed DEC 26 1926 19 Registrar K J C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12 – 24 – 26

17 I HEREBY CERTIFY, That I attended deceased from 11-26, 1926, to 12-24, 1926, that I last saw him alive on 12-26, 19 26, and that death occurred, on the date stated above, at 10:10 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Nephritis and pulmonary phthisis

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted

If not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical examination & laboratory

(Signed) Frank R. D. Saunders M. D.

12-26 1926 (Address) 1029 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Leakin Park	Dec 27 1926
20 UNDERTAKER Wm. H. Chase & Son	ADDRESS 1400 Madison

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17147 (upper right) × 183

REGISTERED NO. E 17147

E 17147
1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital St., 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Bell

(a) RESIDENCE NO. Putty Hill Rd nr Belair Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Bell

6 DATE OF BIRTH (month, day, and year) Oct 20/1900

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Special Policeman

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. Water Dept.

(c) Name of employer (Lock Raven)

9 BIRTHPLACE (city or town)

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER Abraham Bell Sr.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Margaret Fhompson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md

14 Informant (wife) Carrie C. Bell

(Address) 349 Belair Rd

15 Filed Dec 26 19 K.C. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sepsis-Peritonitis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Accidently shot himself (pisrol) Dec (duration) at 349 Belair Rd ds.

(Signed) ..... M. D.

(Coroner)

12/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem — Date of Burial Dec 27, 1926

20 UNDERTAKER John Ellrich — ADDRESS 200 Fulton

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17148

CERTIFICATE OF DEATH.

24-001 E 17148

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3150 Leads ST. 20-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Smith

(a) RESIDENCE No. 3150 Leads ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gebhard Smith

6 DATE OF BIRTH (month, day, and year): April 29-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Conrad Kemp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Gebhard Smith.

(Address) 3150 Leads St.

15 Filed DEC 26 1926 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-24-1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 24, 1926, that I last saw h alive on Dec 24, 1926 and that death occurred, on the date stated above, at 11.50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert Davis, M. D.

, 19 (Address) 4 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem.

DATE OF BURIAL: Dec 28, 1926

20 UNDERTAKER: Chas. W. Dill.

ADDRESS 3109 Fre Ave.

Spec.—12-9-25—A Co.—200 Bks.

E 17149

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

CERTIFICATE OF DEATH.

E 17149

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 611 W. Saratoga St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Fonti

(a) RESIDENCE NO. 611 W Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Oct. 27 - 1826

7 AGE: Years — Months 1 — Days 27 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Camelo Fonti

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Burdal Hyser

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Camelo Fonti

(Address) 611 W Saratoga

Filed C 27 1926 C. HANSON JONES, M. D., Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26

December 25 -

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15 -, 19 26, to Dec. 25 -, 19 26, that I last saw h.. alive on Dec. 24 -, 19 26, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) .....yrs. .....mos. 10 ds.

CONTRIBUTORY (Secondary) —

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) A. W. Bantz, M. D.

12-26, 1926 (Address) 1300 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial 12/27 1926.

UNDERTAKER: Geo. J. Ruth ADDRESS: 1735 Harford Av.

rec.—1-12-23—M&T—500 Blks.

Emma J Wells.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17150

CERTIFICATE OF DEATH.

117

E 17150

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST., 9-V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs William D Wells (Emma)

(a) RESIDENCE NO. 1925 - 32nd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of William D Wells

DATE OF BIRTH (month, day, and year) 3/22/1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68 yrs	9	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Bolding Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Ledrake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs W. H. Macaubin

(Address) 1925-32nd St

15 Filed 27 1926, 19 C. MARTIN GOSNELL, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 22nd, 1926, to Dec 24th, 1926, that I last saw h[illegible] alive on 12/24/, 1926, and that death occurred, on the date stated above, at 730 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure Angina pectoris.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypostatic pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/10/26.

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Raymond I Johnston, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount J. Ruth.	Dec 29 1926
20 UNDERTAKER	ADDRESS
Woodlawn Funeral	1735 Harford Ave

Augustine A Grasso.

pec.—1-12-23—31&7—500 Bks.

9796

E 17151

HEALTH DEPARTMENT—CITY OF BALTIMORE

001

100 E 17151

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 Orleans. ST. 5-W WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustine Angue Grasso

(a) RESIDENCE NO. 1210 Orleans ST., WARD A-3

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Samuel

DATE OF BIRTH (month, day, and year) Nov. 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Agustine La Leona

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosina

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 7 1926 By C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec - 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1926 to Dec. 24, 1926, that I last saw h alive on Dec. 24, 1926, and that death occurred, on the date stated above, at 4 15 P m.

The CAUSE OF DEATH* was as follows:

Septicaemia following pulmonary infarct

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia following

duration (duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death? at place of death -

Did an operation precede death? Yes Date of Dec. 1, 1926

Was there an autopsy? Yes

What test confirmed diagnosis? Blood cultures & X-ray

(Signed) Raymond R. Spurier, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodland Cemetery Govan	Dec 27 1926
20 UNDERTAKER	ADDRESS
Geo. F. Ruth	1735 Harford Ave

Spec.—1-10-21—M&T—1500 Blks.

17152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 100-001

REGISTERED NO. E 17152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 25-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Ward

(a) RESIDENCE No. 438 E. Pitcell St. Clarksburg W. Va. WARD St. Clair Hall ?

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary Ward.

6 DATE OF BIRTH (month, day, and year) Sept. 6. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R. Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clarksburg W. Va

PARENTS

10 NAME OF FATHER James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Phoeby Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Mary Ward (Address) Clarksburg W. Va

15 Filed 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1926. to Dec 25, 1926. that I last saw him alive on Dec. 25, 1926, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Removal of Non Malignant Tumor - Stomach (duration) 2 (3) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Dec. 17, 1926.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A J Knapp, M. D.

1926 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Clarksburg W. Va	Dec 26 1926
20 UNDERTAKER	ADDRESS
Margaret J Fleming	1402 Eight St

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

46 E 17153

E 17153 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Dover St.; 22-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eliza Jackson

(Residence in Baltimore: No. 520 Dover St.; 20 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX female

4-COLOR OR RACE, Col

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Unknown (Month) (Day) 1857 (Year)

7-AGE, 39 yrs. mos. ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Va

PARENTS.

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Luthia Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Samuel Jackson

(Address) 520 Dover St.

15- DEC 27 1926 Filed

EMERSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, December 23, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 16 1926, to Dec. 22 1926, that I saw h[illegible] alive on Dec. 22 1926, and that death occurred, on the date stated above, at 12:20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) John H. McClendon M. D.

12/27/26, 1926 (Address) 643 Washington Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence 520 Dover St.

19-PLACE OF BURIAL OR REMOVAL, Irvington Cem. DATE OF BURIAL, 12-29, 1926

20-UNDERTAKER Brown Hall ADDRESS 552 Dolphin St.

Cor.—12-9-25—A Co.—200 Bks.

E-17154

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

CERTIFICATE OF DEATH.

E 17154

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Uniacke Court St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E Colvadis

(a) RESIDENCE NO. 1917 W Lombard St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Canvadis

6 DATE OF BIRTH (month, day, and year) Jan 31 - 55

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	38	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver Blue Seal

(b) General nature of industry, business, or establishment in which employed (or employer) Transfer Co

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Guy Canadis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Penn

12 MAIDEN NAME OF MOTHER May Marino

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Myrtle Canadis

(Address) 1917 W Lombard St

15 Filed 2 7 1926 G. LAWSON JONES, M. D. Registrar

Per L.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Automobile accident

Fell off truck while in injury

F. S. Taylor transfer Co

Fractured Base of Skull

CONTRIBUTORY (Secondary) Dazed by minutes

(duration) yrs. mos. ds.

(Signed) Samuel H Woolf M. D.

(Coroner)

, 19 26 (Address) 325 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Date of Burial Dec 27 1926

20 UNDERTAKER H. C. Wortyke ADDRESS 1531 Aisquith

Dec.—1-12-23—M&T—500 Blks.

98357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17155

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-001 Ded

E 17155

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. ..... ST. 9-6 WARD)

2-FULL NAME John Shake

(a) RESIDENCE NO. 1837 N. Spring ST., ... WARD Balto Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	

6 If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 11-1926

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Md —
(State or country)

10 NAME OF FATHER John Shake

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Carrie Thurston

13 BIRTHPLACE OF MOTHER (city or town) Va —
(State or country)

Informant Kinds —
(Address) JOHNS HOPKINS HOSPITAL

Filed ..... 19 C. HANSON JONES, M. D. Registrar

27 1926 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec-14, 1926, to Dec-25, 1926, that I last saw him alive on Dec-25, 1926 and that death occurred, on the date stated above, at 5-55 a-m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Otitis Media

(duration) ... yrs. mos 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Thomas O. Connorall, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel	12/27 19 VC

UNDERTAKER Franklin W Seitz

ADDRESS 709 W 33rd St

Dec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17156

CERTIFICATE OF DEATH.

46

E 17156

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 Oakfield Avenue ST. 15-4 WARD)

2-FULL NAME Mary E. Blake

(a) RESIDENCE No. 3400 Oakfield Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Blake

DATE OF BIRTH (month, day, and year) October, 24th 1874

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
52	2	****	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Samuel F. Ziegler

11 BIRTHPLACE OF FATHER (city or town) Leitersburg

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha McCammon

13 BIRTHPLACE OF MOTHER (city or town) Hagerstown

(State or country) Maryland

Informant (Address) Thomas Blake 3400 Oakfield Avenue

Filed DEC 27 1926, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) DECEMBER, 24th. 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 24, 1926, that I last saw h alive on Dec 24, 1926, and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma - ovaries

Ulceration

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Metastasis Mediastinum and Lung (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?....

Did an operation precede death? Yes Date of Nov 1-26

Was there an autopsy? no

What test confirmed diagnosis? Microscope

(Signed) Amadeus W. Mellor M. D.

12/25/26 (Address) 4018 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Dec 27, 1926
20 UNDERTAKER Joseph B. Cook	ADDRESS 1003 W Baltimore St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17157

CERTIFICATE OF DEATH.

E 17157

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob R. Bradley

(a) RESIDENCE NO. 613 C St., Sparrows Point St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha E Bradley

6 DATE OF BIRTH (month, day, and year): Feb 9, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): O.S.

(c) Name of employer: Ship Yards

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Mrs. J. H. Dubbels

(Address) Sparrows Point

Filed DEC 27 1926 C. EMERSON JONES, M.D.

Registrar

27 1926 Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) - 19: Dec. 26, 1926

17

I HEREBY CERTIFY, That I attended deceased from 12-13-, 1926, to 12-26, 1926, that I last saw h~~im~~ alive on 12-26-, 1926, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

Terminal Bronchopneumonia days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma ~~of Liver~~ Cirrhosis of Liver

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Lemon H. Norward M. D.

Dec 26 1926 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Date of Burial Dec 27 1926

20 UNDERTAKER: W. H. Cook ADDRESS 502 E North Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17158

CERTIFICATE OF DEATH.

90 E 17158

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1624 N. Chapel St St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary K. Kessler

(a) RESIDENCE NO. 1624 N. Chapel St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Kessler

6 DATE OF BIRTH (month, day, and year) Mar 1/1880

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamtress

(b) General nature of industry, business, or establishment in which employed (or employer) Schoeeman

(c) Name of employer Men's Overciats

9 BIRTHPLACE (city or town)_____

(State or country) York, Pa.

PARENTS

10 NAME OF FATHER John Cramer

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Caroline Unkno

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Pa?

14 Informant Cora Lescalleet

(Address) 1624 N. Chapel St

15 Filed 12 27 1926 19 C. EARLE JONES M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/20 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) History of Rheumatism & Neuritis (duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Cates M. D.

(Coroner)

12/24/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — Date of Burial 12/27/1926

20 UNDERTAKER E. J. Fanning Son — ADDRESS 1938 E. Lafayette

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

E 17159
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

6-3

E 17159
REGISTERED NO.

City of BALTIMORE: (No. 127 S Robinson St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Koehler

(a) RESIDENCE NO. 127 S Robinson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5ife yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If ~~married~~, widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of Emma A Koehler

6 DATE OF BIRTH (month, day, and year) Dec. 3 1861

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65		15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk 009
(b) ~~General~~ nature of industry, business, or establishment in which employed (or employer) City
(c) Name of employer Retired

9 BIRTHPLACE (city or town)
(State or country) Balto City

PARENTS
10 NAME OF FATHER Peter Koehler
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Not Known
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Peter Koehler
(Address) 127 S Robinson St

15 Filed ..... 19..... Registrar

EC 27 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26
Dec. 23

17 I HEREBY CERTIFY, That I attended deceased from Dec 16th, 1926, to Dec 22nd, 1926, that I last saw h~~im~~er alive on Dec 22nd, 1926, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Hypostatic Pneumonia
Pulmonary Collapse
(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
Right Hemiplegia
(duration) .....yrs. .....mos. 7 ds.

18 Where was disease contracted
If not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Joseph B. Saunders, M. D.
, 19 (Address) 719 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial
St. Paul's German Lut. Cemetery 12/27/1926

20 UNDERTAKER — ADDRESS
E. I. Fanning & Son 1938 E. Lafayette Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

E 17160

CERTIFICATE OF DEATH.

E 17160
1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 200 Ivy Alley St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hong Woung

(a) RESIDENCE NO. 200 Ivy alley St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Yellow

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) China

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country) China

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) China

14 Informant Chin Quong
(Address) 114 Park ave

15 Filed C 27 1926 Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 23 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

not known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel A Lankus M. D.
(Coroner)

, 19 (Address) 3325 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem Date of Burial: Dec 31 1926

20 UNDERTAKER: John O Mitchell ADDRESS: 1201 W Fayette St

6-9-19 H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17161

CERTIFICATE OF DEATH.

90

E 17161

1-PLACE OF DEATH 2123 McElderry St 7-2 REGISTERED NO.

CITY OF BALTIMORE: NO. ST.: WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William R Johnson

(a) RESIDENCE. NO. 2123 McElderry ST., WARD.

(Usual place of abode) Life

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (Write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 10 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Wire & Iron Works

(c) Name of employer: Dupn. Baggott Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Richard Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Fanny ~~Richard Johnson~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): Sadie R Lindley 2800 Gobled St

15 Filed 12 7 1926

16 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1926, to Dec. 24, 1926

that I last saw him alive on Dec. 23, 1926

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Degeneration (Myocarditis)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles J. Baggott M. D.

, 19 (Address) 1015 Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Dec 27 1926
20 UNDERTAKER	ADDRESS
W M Routson	230 N Green St

Spec.—1-10-21—M&T—1500 Bks.

E 17162 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 17162
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 869 Park Ave ST. 11-2 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph H. Mitchell

(a) RESIDENCE NO. 869 Park Ave, ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Widowed
6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Philomena Mitchell
7 DATE OF BIRTH (month, day, and year): May 12-1849
8 AGE: Years 77 Months 7 Days 11 If LESS than 1 day, hrs. or min.
9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Policeman
(b) General nature of industry, business, or establishment in which employed (or employer): 061
(c) Name of employer:
10 BIRTHPLACE (City or town): Rochester
(State or country): N.Y.
PARENTS
10 NAME OF FATHER: Joseph H. Mitchell
11 BIRTHPLACE OF FATHER (city or town): Rochester
(State or country): N.Y.
12 MAIDEN NAME OF MOTHER: Philomena Flynn
13 BIRTHPLACE OF MOTHER (city or town): Rochester
(State or country): N.Y.
14 Informant: Joseph H. Mitchell
(Address): 869 W. Pratt St.

Filed DEC 27 1926 C. HARRISON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1926, to Dec 23, 1926, that I last saw him alive on Dec 23, 1926, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Myocarditis 10 Days
(duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Pulmonary Angina
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Test
(Signed) J. M. Dalrett M. D.
Dec 26 1926 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary
DATE OF BURIAL: 12-27 1926
ADDRESS
UNDERTAKER: Wm. J. Pickrodt Funeral Dir.

ec.—1-12-23—M&T—500 Blks.

9746B

E 17163 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 17163

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (NO. ..... ST. 14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marian Vineyard

(a) RESIDENCE NO. St Vincents Asy ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) May 24 - 26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		7	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

BIRTHPLACE (city or town) Md -
(State or country)

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

Informant Ricardo JOHNS HOPKINS HOSPITAL
(Address)

Filed ..... 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1926

17 I HEREBY CERTIFY, That I attended deceased from ....., 1926, to Dec. 23, 1926,

that I last saw h-e alive on Dec. 23, 1926,

and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Intes. Colitis
Ulcus Medic

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Thomas W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec 27 1926

20 UNDERTAKER Harry H. Wotring — ADDRESS 153 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17164

CERTIFICATE OF DEATH.

E 17164 REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St. 26-7 Ward) 90

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Beckert

(a) RESIDENCE NO. Dorsey – Md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wendelin Beckert

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Austria

PARENTS

10 NAME OF FATHER Adelbert Hickey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Anna —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Austria

14 Informant City Hospital Records

(Address)

15 Filed ..... 19.. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23 1926

17 I HEREBY CERTIFY, That I attended deceased from December 21, 1926, to December 23, 1926, that I last saw her alive on December 23, 1926, and that death occurred, on the date stated above, at 11 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Myocardial Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hooper Lunt, M. D.

Dec 25 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Dorsey Md	D 27 1926

20 UNDERTAKER	ADDRESS
Harry F. Weitzel	1531 W Lombard

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95

E 17165

CERTIFICATE OF DEATH.

E 17165
REGISTERED NO.

1-PLACE OF DEATH Bon Secours Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST. 17-1 WARD)

2-FULL NAME Miss Elizabeth V. Boggs

(a) RESIDENCE No. 3401 Greenway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. -- mos. -- ds. How long in U. S., If of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

DATE OF BIRTH (month, day, and year) Do not know

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	--	--	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER William Boggs

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Virginia Kroft

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ohio

Informant Walter J. Boggs
(Address) 28 Roland Avenue

Filed DEC 27 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1926, to Dec. 24, 1926

that I last saw her alive on Dec. 24, 1926

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage—
abdominal—{primary / secondary / contributory / duration}
not known.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Libby, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cemetery, Govans	12/28/26

20 UNDERTAKER	ADDRESS
Henry W. Myers & Son for R. Calvert	

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17166

CERTIFICATE OF DEATH.

90

E 17166

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 104-E-20-S St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Whitlock Cole

(a) RESIDENCE NO. 104-E-20- St. 12 Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 57 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katura Venables

6 DATE OF BIRTH (month, day, and year) about 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
About 70	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer Retired

9 BIRTHPLACE (City or town) Bristol

(State or country) England

PARENTS

10 NAME OF FATHER Rev Henry Cole

11 BIRTHPLACE OF FATHER (city or town) Cornwall

(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Jane Sandy

13 BIRTHPLACE OF MOTHER (city or town) Plymouth

(State or country) England

14 Informant Mr. Arthur E. Cole (bro)

(Address) 200-Longwood Rd-Rland Pk

15 Filed....., 19.....

Per _____ Registrar

C. HARRY JONES, M. D.

DEC 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Heart

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) John M. Morriss Jr. M. D.

(Coroner)

12/26, 1926 Address 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 17 yrs. ? mos. ? ds. In the State 47 yrs. ? mos. ? ds.

Where was disease contracted, if not at place of death? 104-E-20-St.

Former or usual residence 104-E-20-St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Dec 27/1926.

20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. MOWEN, Successor) ADDRESS 108 W. NORTH AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17167

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

75-001 E 17167

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 508 n. duncan ST., 17-2 WARD)

2-FULL NAME Mary G Cooper

(a) RESIDENCE NO. 508 Duncan ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colord	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William Cooper

7 DATE OF BIRTH (month, day, and year) 1877

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or..... min.
	49			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant William Cooper

(Address) 508 Duncan St.

15 Filed DEC 27 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1926 to Dec 24 1926

that I last saw h[illegible] alive on Dec 24 1926

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) Jas. Heralter M. D.

1926 (Address) 1636 Ashland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL Dec 28 1926

20 UNDERTAKER Edward Bryan

ADDRESS 1691 Orleans st

Spec.–7-17-26—A Co.—200 Bks.

E 17168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-002

REGISTERED NO. E 17168

1-PLACE OF DEATH

City of BALTIMORE: (No. 2644 Lauretta St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles F. Oehm.

(a) RESIDENCE NO. 2644 Lauretta St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~: Margaret Oehm

6 DATE OF BIRTH (month, day, and year): March 2, 1871

7 AGE — Years: 55 — Months: 9 — Days: 23

If LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Frank F Oehm

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Annie A. Bond

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mrs Margaret Oehm

(Address) 2644 Lauretta St

15 Filed 7 1926 C. FRANCIS JONES, M. D. Registrar

Per K M

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1926, to Dec 25 1926,

that I last saw h[e] alive on Dec. 23 1926,

and that death occurred, on the date stated above, at 9-a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. V. Candler, M. D.

(Address) 24 N Fulton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL: London Park — Date of Burial: DEC 27 1926

20 UNDERTAKER: Geo W Little — ADDRESS: EDMONDSON AVE

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 17169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 17169

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (a) No. 1221 N. Eden St. 10-16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Lacy Brown

(a) RESIDENCE. No. 1221 N. Eden · ST., 10 WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie L. Brown

6 DATE OF BIRTH (month, day, and year) Oct 10, 1894

7 AGE: Years 32; Months 2; Days 16; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Steel Mill

(c) Name of employer: Bethelem Steel Co

9 BIRTHPLACE (city or town) (State or country): Latta South Carolina

10 NAME OF FATHER: Robert N Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Hannah Rodgers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Mrs Hattie L. Brown

(Address): 1221 N. Eden St

15 Filed . 19 C. EARSON JONES, M. D. Registrar.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1926, to Dec 26, 1926.

that I last saw him alive on Dec 25 1926.

and that death occurred, on the date stated above, at 4:15 a m.

The CAUSE OF DEATH* was as follows:

1a Lobar Pneumonia

(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Cardiac Dextrinia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Bonner, M. D.

(Address) 1320 Kent Terr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dillon, South Carolina

DATE OF BURIAL: DEC 27 1926 19

20 UNDERTAKER: Geo W Little

ADDRESS: 2700 EDMONDSON AVE.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17170

CERTIFICATE OF DEATH.

11 E 17170

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 N Bond ST., 7-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Anderson

(a) RESIDENCE NO. 918 N Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married.

6a If married, widowed, or divorced (or) WIFE of Walter Anderson

6 DATE OF BIRTH (month, day, and year) March 22 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	1	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Jordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Elizabeth Hooper (mother)

15 Filed 1926 [illegible] JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1926

17 I HEREBY CERTIFY, That I attended deceased from July 1926. to Dec 23 1926.

that I last saw her alive on Dec 23 1926.

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Purulent Peritonitis
secondary to Operation July 4th
Ruptured Appendix (duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) General Toxemia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 4 26

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

12/27 1926 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL Dec 27 1926

20 UNDERTAKER Thos J. G. Locke ADDRESS 1302 Jeffers

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17171

CERTIFICATE OF DEATH.

11-002

E 17171

1-PLACE OF DEATH Maryland Gen. Hospital.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-2 ST. WARD)

2-FULL NAME Mrs. Henry O. Feige

(a) RESIDENCE NO. 2259 Fenwick Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Feige.

7 DATE OF BIRTH (month, day, and year): May 29 1868

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	26	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Hardware

(c) Name of employer: Balto Enameling Co

10 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

11 NAME OF FATHER: August Feige

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

13 MAIDEN NAME OF MOTHER: Henriette Wagner.

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Wife Catherine S. Feige

(Address): 2259 Fenwick Ave

Filed [illegible] 1926 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1926, to Dec 25, 1926, that I last saw him alive on Dec 25, 1926, and that death occurred, on the date stated above, at 12 0 m.

The CAUSE OF DEATH* was as follows:

Influenza Meningitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Lab

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Dec 28 1926

UNDERTAKER: John B. Spence — ADDRESS: 1325 N. Caroline St.

Spec.—1-12-23—M&T—500 Bks.

Halvor · Halvorsen

17172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17172

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital ST. 16-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Halvor Halvorsen.

(a) RESIDENCE No. Standard 3, 2 + Clinton Sts ST. Balto Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unk. mos. ds. How long in U. S., If of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | 4 COLOR OR RACE W- | 5 Single, Married, Widowed, or Divorced, (write the word) Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Nov. 28-1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	60	-	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman. 086

(b) General nature of industry, business, or establishment in which employed (or employer) Gen. Navigation & Oil

(c) Name of employer Standard Oil Co.

BIRTHPLACE (city or town) (State or country) Norway.

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway.

Informant U. S. Marine Hosp. (Address) Balto - Md.

Filed 27 1926 19. C. Hampson JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1926, to Dec 24, 1926;

that I last saw him alive on Dec 24, 1926,

and that death occurred, on the date stated above, at 2.15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings

(Signed) J. C. Graves, M. D.

, 19 (Address) U. S. Marine Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fifth German Reformed cem. DATE OF BURIAL Dec 27 1926

20 UNDERTAKER Zirkler + Zirkler ADDRESS 1739 E. Eager St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17173

1-PLACE OF DEATH

City of BALTIMORE: (No. 2355 Druid Hill Ave St., 1 Ward)

2-FULL NAME John H. Demmers

(a) RESIDENCE NO. 2355 Druid Hill Ave St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

74-001

E 17173

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah J. Demmers

6 DATE OF BIRTH (month, day, and year): about 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: General

9 BIRTHPLACE (city or town): Dec. 24, 1924 (Address) 2802 Edmondson Ave

(State or country): Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Sarah J. Demmers

(Address) 2355 Druid Hill Ave

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23, 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and the jury find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

(Signed) J. J. Kenney M. D.
(Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
National Cemetery	12/27 1926

20 UNDERTAKER: Wm. R. G. Elliott ADDRESS 325 Gaudlander

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17174

CERTIFICATE OF DEATH.

202 E 17174

1-PLACE OF DEATH

City of BALTIMORE: (No. St Joseph Hsopital St. 10-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME E. Elizabeth Harris

(a) RESIDENCE NO. 1224 N. Central Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Jan 4/1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md

PARENTS

10 NAME OF FATHER David C. Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Rosa A. Kinion

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina

14 Informant David C. Harris

(Address) ~~1224 N. Central Ave.~~

15 Filed_____, 19 C. EAVESON JONES, M. D. Registrar

FEB 7 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 24/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hem. - Fracture Skull, (Shelf with radio set fell on her accidental) (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Weiss, M. D. (Coroner)

12/26/25 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mt. Carmel Cemetery Dec. 27 1925

20 UNDERTAKER — ADDRESS

Henry Storck Son 1301 E Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17175

CERTIFICATE OF DEATH.

74001

REGISTERED NO. E 17175

1-PLACE OF DEATH

City of BALTIMORE: (No. 1807 Friendship Av St. 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otto Seehagen

(a) RESIDENCE NO. 1807 Friendship Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha E. Seehagen

6 DATE OF BIRTH (month, day, and year) Sept 12-1863

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Cobbler

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

PARENTS

14 Informant Bertha E. Seehagen

(Address) 1807 Friendship Av

15 Filed 1925 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Another History.

(duration) yrs. mos. ds.

(Signed) J. T. Hennessey M. D. (Coroner)

(Address) 2502 Edmondson Av.

Dec. 26 1925

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial 12/27 1925

20 UNDERTAKER Geo. Weber Son ADDRESS 2503 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

(Apel Eriksson)

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-001

E 17176

C 17176

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Maryland Gen Hosp

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 14-1 WARD)

2-FULL NAME Mr Apel Eriksson

(a) RESIDENCE NO. 1610 Penna Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Not married.

DATE OF BIRTH (month, day, and year) Oct 29 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	2	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman.

(b) General nature of industry, business, or establishment in which employed (or employer) B&O

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Sweden.

10 NAME OF FATHER C. A. Eriksson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden.

12 MAIDEN NAME OF MOTHER J. M. Bergman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden.

Informant Mrs Eriksson

(Address)

Filed DEC 27 1926 19 C. EMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1926, to Dec 25, 1926.

that I last saw h alive on Dec 25, 1926,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical & Lab.

(Signed) Joseph Hampton Mackall, M. D.

12/27/26 (Address) 1610 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL Dec 28 1926

20 UNDERTAKER Josiah Lyford ADDRESS 1600 W North Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17177

100-001

E 17177

CERTIFICATE OF DEATH.

1-PLACE OF DEATH · Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Hankins

(a) RESIDENCE NO. 44 Patchen St Baltimore, Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
75?				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Anderson Crafton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Baltimore City Hospitals

(Address) Baltimore, Md.

Filed 12 27 1926 C. HANSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24- 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-1- , 1926, to 12-24- , 1926,

that I last saw her alive on 12-23- , 1926,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Psychosis w/Cerebral arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Mary Leonard M. D.

12/24/1926 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12-27-1926
20 UNDERTAKER George T. G. Gibson	ADDRESS 1735 Linden Ave

Spec.-7-17-26-A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 17178

E 17178

REGISTERED NO.

PLACE OF DEATH

City of BALTIMORE: (No. 303 East 22nd St. 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Arthur Wright

(a) RESIDENCE NO. 303 East 22nd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Omma G. Wright

6 DATE OF BIRTH (month, day, and year): Sept 6-1885

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	41	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teller

(b) General nature of industry, business, or establishment in which employed (or employer): Stewart Brothers

(c) Name of employer: Boyce

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: David R. Wright

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Frances Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Arthur Wright

(Address) 303 East 22nd St

Filed DEC 27 1926 19 C. HAMILTON JONES, M.D. Registrar

By R.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 24 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 19 26, to Dec 24, 19 26

that I last saw h~~im~~er alive on Dec 23, 19 26

and that death occurred, on the date stated above, at 7:10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac decompensation

(duration) yrs. mos 18 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Geo. M. Stifle M. D.

12/26 19 26 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial 12/27 19 26

20 UNDERTAKER: William Cook — ADDRESS 1032 E North

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

166 ✓ E 17179

E 17179

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula W. Ferguson

(a) RESIDENCE NO. 1332 N. Broadway St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Ferguson

6 DATE OF BIRTH (month, day, and year) Dec 23/1897

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	29	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Married Woman

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Baltol., Md

PARENTS

10 NAME OF FATHER John Judd

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Elizabeth Voll[illegible]

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant John W. Ferguson

(Address) 2100 Block Ridgewood Ave

15 Filed _____, 19 C. [illegible] JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning

(Self Administered Dec 18/26)

Suicide (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) [illegible] M. D. (Coroner)

12/27/26, 19 (Address) 508 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem't Date of Burial Dec 28 1926

20 UNDERTAKER Wm. Cook & Son ADDRESS Baltimore Md

Spec. 1-10-21 M&T 1500 Bks.

Spec. 1-10-21 M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17180

CERTIFICATE OF DEATH. 185

1-PLACE OF DEATH Balto City Hospl REGISTERED No. E 17180

CITY OF BALTIMORE (No. Balto Md. ST. 27-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Lusky

(a) RESIDENCE NO. 5427 Garrison Boulevard

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., If of foreign birth? 15 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Lusky

DATE OF BIRTH (month, day, and year) 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) Housework 37

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Hyman Bromstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah L.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Balto City Hospls.

(Address) Balto Md

Filed 12/27/26 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-18- 1926 to 12-26 1926

that I last saw h[illegible] alive on 12-26- 1926

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Broncho Pneumonia

Myocardiac & Exhaustion

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Traumatic Psychosis

(duration) yrs. mos. over ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Friedman M. D.

12/27/1926 (Address) Returned City Hospls

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	12/27/1926
20 UNDERTAKER	ADDRESS
Jack Lewis	1454 E Baltimore

Spec.—1-10-21—M&T—1500 Bks.

17181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 17181

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Brookfield ave ST., 13-6 WARD)

2-FULL NAME Tobie R. Fleishman

(a) RESIDENCE NO. 2222 Brookfield ave ST., ... WARD .....
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Max Fleishman

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE — Years: 66 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Nathan Gerber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ann Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Max Fleishman
(Address) 2222 Brookfield ave

15 Filed DEC 15 1926 C. FAYETTE JONES, M. D. Registrar

Per KK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/26 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1924, to Dec 26 1926.

that I last saw h[illegible] alive on Dec 20, 1926

and that death occurred, on the date stated above, at 9 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of face? Supp. Menin-gitis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Uncertain

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Chas. J. Block, M. D.

Dec 7 1926 (Address) 70 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herman Run — DATE OF BURIAL: 12/27 1926

20 UNDERTAKER: Jack Lewis — ADDRESS: 1139 E Balto

ec.—1-12-23—M&T—500 Bks.

95-76 E 17182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 001 Ped × 10 E 17182

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-1 ST., WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Herbert ~~Scott~~ Sard

(a) RESIDENCE No. Essex - Md - ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

If married, widowed, or divorced HUSBAND of or) WIFE of — Single

DATE OF BIRTH (month, day, and year) Nov 29-1922

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4 yrs.	—	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Md -
(State or country)

10 NAME OF FATHER Wm Sard

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER America Batant -

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

Informant Records -
(Address) JOHNS HOPKINS HOSPITAL

27 1926 C. HAYDEN JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-25- 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec-22, 1926, to Dec-25-, 1926, that I last saw him alive on Dec-25-, 1926 and that death occurred, on the date stated above, at 2 11 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Physical finding

(Signed) Thomas B. Greenfield M.D.
Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL Dec 28 1926

UNDERTAKER D. John Ullrich

ADDRESS 2008 Orleans

c.—1-12-23—M&T—500 Blks.

E 17183 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 17183

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 710 Little Second ST., 7-3 WARD)

2-FULL NAME William Gaff

(a) RESIDENCE NO. 514 S Durham ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 28 1866

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	60	7	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Patrick Gaff

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary Grace McGlocklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant William Gaff

(Address) 514 S Durham

Filed DEC 27 1926 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1926, to Dec 23, 1926, that I last saw him alive on Dec 25, 1926, and that death occurred, on the date stated above, at 90 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) .....(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robt J. Green, M. D.

12-26 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 28 1926
20 UNDERTAKER Kendall Roffel & Son	ADDRESS 318 N ...

Cor.—1-12-23—M&T—100 Bks.

17184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17184

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Union Memorial Hosp ST. 22 WARD)

2-FULL NAME Wondi M Blatter

(a) RESIDENCE No. 2309 Maryland ave ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of John Blatter

ATE OF BIRTH (month, day, and year) Unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

CCUPATION OF DECEASED
a) Trade, profession or particular kind of work Iron
b) General nature of industry, business, or establishment in which employed (or employer)
c) Name of employer

RTHPLACE (city or town) Ind
State or country)

0 NAME OF FATHER Kepes

1 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

2 MAIDEN NAME OF MOTHER Unknown

3 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

Informant Justus Dohme
(Address) Hanover Apts

Filed DEC 27 1926 G. LAWSON JONES, M. D. Registrar
Per RA

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Fracture of Skull

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) John H Morrison, M. D.
(Coroner.)

Dec 26, 1926 (Address) 7632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Dec 29 1926

20 UNDERTAKER E LeRoy Stiffler — ADDRESS 124 E North ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17185

CERTIFICATE OF DEATH.

1-001

E 17185

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hosp. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie Brown Keys

(a) RESIDENCE NO. 15-19 W. Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 Color or Race Col. | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Keys

6 DATE OF BIRTH (month, day, and year) Oct 18 - 1906

7 AGE — Years: 19 | Months: yrs 2 | Days: 5 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Days work maid

(b) General nature of industry, business, or establishment in which employed (or employer) and then at home

(c) Name of employer servant

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER Frank Ellis

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mary Ellis

(Address) 15-19 Saratoga St.

15 Filed DEC 27 1926 C. EARLSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23rd 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Typhoid fever

Abt two weeks.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Peritonitis perforation

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

(Coroner)

Dec 27, 1926 (Address) 16 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Mt Auburn Cemetery — Date of Burial Dec. 27 1926

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N Schroeder St.

Spec.—12-9-25—A Co.—200 Bks.

Saudens Uhlfelder

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 17186

E 17186 PLACE OF DEATH Mercy Hospital

REGISTERED NO.

City of BALTIMORE: (No. 1325 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sanders Uhlfelder

(a) RESIDENCE NO. 2925 Pimlico Ave, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel Uhlfelder

6 DATE OF BIRTH (month, day, and year): Aug 4/879

7 AGE: Years 47; Months 4; Days 12; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clothing salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 266

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: Meyer Uhlfelder

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER: Caroline Kalkimer

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

PARENTS

14 Informant: Mabel Uhlfelder

(Address) 2925 Pimlico Ave

15 Filed 1926 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1926, to Dec 26, 1926, that I last saw h.. alive on Dec 26, 1926, and that death occurred, on the date stated above, at 7 4 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Shuelta, M. D.

19 (Address) Mercy Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harsina Cemetery — Date of Burial 12/28/26

20 UNDERTAKER: J. Ahrens & Co — ADDRESS 3314 Pimlico

Cor.—12-9-25—A Co.—200 Bks.

Hazel Willey

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-003

E 17187

CERTIFICATE OF DEATH.

E 17187

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Monument East St., D-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hazel Willey

(a) RESIDENCE NO. 921 W Lombard St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1 1914

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	10	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

10 NAME OF FATHER Benjamin Willey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Laura Woodland

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Benjamin Willey

(Address) 921 W. Lombard St.

Filed DEC 27 1926 C. EARLSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Automobile accident (Truck hit by Baltimore & Ohio Locomotive & Train (Car))

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. ds.

(Signed) Samuel A. Rusher M. D.

(Coroner)

, 19 (Address) 21 S. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md Date of Burial Dec 27 1926

20 UNDERTAKER John J. Fields ADDRESS 1200 W Lombard

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17188

CERTIFICATE OF DEATH.

E 17188

1-PLACE OF DEATH Home for Aged 20-5 129

City of BALTIMORE: (No. 400 N. Fulton Ave St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Maria Eriksson

(a) RESIDENCE NO. Home for the Aged of the M.E. Church St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

6a If married, ~~widowed, or divorced~~ (or) WIFE of: Axel Eriksson

6 DATE OF BIRTH (month, day, and year): Oct 3 - 1843.

7 AGE: Years 83 | Months 2 | Days 20. | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None - 37

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town):

(State or country) Sweden

10 NAME OF FATHER — Nidegren

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Sweden

12 MAIDEN NAME OF MOTHER Anna Lundblad

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Sweden

14 Informant Etta Leuddy

(Address) 400 N Fulton Ave

15 Filed DEC 27 1926 C. EARLTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27. 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 1926, to Dec. 23, 1926, that I last saw h.e. alive on December 22, 1926, and that death occurred, on the date stated above, at 11.30 p.m.

The CAUSE OF DEATH* was as follows:

(Pneumonia (Hypostatic)

(duration) ✓ yrs. ✓ mos. 10 ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(duration) 3 yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) George C. Shannon, M. D.

12/24/1926 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — Date of Burial: Dec 27 1926

20 UNDERTAKER: George Smith — ADDRESS: Holliday St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17189

E 17189

CERTIFICATE OF DEATH.

1-3 164

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Fait Ave ST., WARD)

2-FULL NAME ANNA DEMBECK,

(a) RESIDENCE NO. 2619 Fait Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of August Dembeck,

7 DATE OF BIRTH (month, day, and year) Unknown,

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	76			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work. 0 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Poland,

10 NAME OF FATHER ----- Tadajewski,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

Informant (Address) John Dembeck, (Son) 2619 Fait Ave

Filed DEC 27 1926 HARRY JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Dec 24, 1926, that I last saw her alive on Dec 22, 1926, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) Gradual yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) Harvey Tilden M. D.

12/27 1926 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem DATE OF BURIAL Dec 28 1926

20 UNDERTAKER M J Sadowski ADDRESS 705 S Ann St

Spec.—1-10-21—M&T—1500 Blks.

Dobkowski

E 17190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 17190

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 Pulaski ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Francis Dobkowski

(a) RESIDENCE NO. 2025 S Pulaski ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

3 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

DATE OF BIRTH (month, day, and year) 15 Aug. 26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or .... min.
		4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER James Dobkowski

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Zymborecki

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

Informant James Dobkowski
(Address) 2025 S Pulaski St

Filed 12-28-26 Per [illegible] Recorded

27 1520 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/21 .1924. to 12/26 .1926.

that I last saw h[illegible] alive on 12/26 .1926.

and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis
Tuberculous meningitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Albert Dobkowski, M. D.

. 19 26 (Address) 3320 Clifton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	Dec 28 1926
20 UNDERTAKER	ADDRESS
J W Gazenski	1730 Eastern Ave

Dec.—1-12-23—M&T—500 Blks.

98 5 45

E 17191 HEALTH DEPARTMENT—CITY OF BALTIMORE

101-081

E 17191

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 10-1 WARD)

2-FULL NAME Grace Hanes

(a) RESIDENCE NO. 713 Bruce ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 6-28-26

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6	24	

5

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(h) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) Md -

10 NAME OF FATHER Dead -

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Eva Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md -

Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

Filed DEC 27 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21st, 1926, to Dec. 22, 1926, that I last saw h-e alive on Dec. 22 -, 1926, and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Thomas W Cornwall, M. D.

, 19 Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	, 19
20 UNDERTAKER	ADDRESS
JOHNS HOPKINS HOSPITAL	

STILL BIRTH NO.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17192

CERTIFICATE OF DEATH.

38 E 17192

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 26 N. Eden St., 5th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Diggs

(a) RESIDENCE NO. ____ St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Female Black

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 18 - 26

7 AGE — Years | Months | Days | IF LESS than 1 day 1 hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ?

(State or country) Md.

10 NAME OF FATHER William E. Diggs

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Va.

12 MAIDEN NAME OF MOTHER Dora Collins

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Va.

14 Informant J. H. Hoerner MD

(Address) Johns Hopkins Hospital.

15 Filed ____ 19 ____ C. Lawson Jones, M. D. Registrar

27 1926 Per ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1926, to Nov. 18, 1926, that I last saw her alive on Nov. 18, 1926, and that death occurred, on the date stated above, at 4 00 A. m.

The CAUSE OF DEATH* was as follows:

(1) Prematurity

(2) Syphilis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. H. Hoerner, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

JOHNS HOPKINS HOSPITAL

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Dec.—1-18-25—MRT—500 Blks.

97 9 58

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17193

CERTIFICATE OF DEATH.

38 E 17193

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ST., 914 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Heems

(a) RESIDENCE NO. 1230 Ivan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 11-7-26

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
		1	3 wks. 16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bath.

10 NAME OF FATHER Wm Heems

11 BIRTHPLACE OF FATHER (city or town) Ind — (State or country)

12 MAIDEN NAME OF MOTHER Mary Schieb

13 BIRTHPLACE OF MOTHER (city or town) Ind — (State or country)

Informant Records. (Address) JOHNS HOPKINS HOSPITAL

Filed 12 7 1926 C. EASTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1926

17 I HEREBY CERTIFY, That I attended deceased from , 19 26, to Dec 23, 19 26, that I last saw h-alive on Dec 23, 19 26, and that death occurred, on the date stated above, at 9 45 P m.

The CAUSE OF DEATH* was as follows:

~~Lobar~~ pneumonia

Broncho

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Otitis media, acute lues

Lupus (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Bacteriol.

(Signed) Thomas W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS
JOHNS HOPKINS HOSPITAL	

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17194

CERTIFICATE OF DEATH.

90 ✓

E 17194

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3701 Queensbury Av St., 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie V Jones

(a) RESIDENCE NO. 3701 Queensbury Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced (or) WIFE of W Lewis Jones

6 DATE OF BIRTH (month, day, and year) Jan 23 - 1844

7 AGE: Years 82 | Months 11 | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs Anna Jones

(Address) 3701 Queensbury Av

DEC 27 1926

E. LINCOLN JONES M. D.

Registrar

Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, ~~day~~ and year) Dec. 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1926, to Dec 26, 1926, that I last saw h.. alive on Dec 24, 1926, and that death occurred, on the date stated above, at 830 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry M. Bloch, M. D.

Dec. 26, 1926 (Address) Reisterstown Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emory Church, Carroll Co. — Date of Burial: 12-28 1926

20 UNDERTAKER: Edw C Lipton — ADDRESS: Hampstead Md

c.—1-12-23—M&T—500 Bks.

17195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 17195

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10-26 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Woodson

(a) RESIDENCE NO. 811 Eason ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 23 · 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	2	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... —

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Balto. (State or country) Maryland.

10 NAME OF FATHER John Woodson

11 BIRTHPLACE OF FATHER (city or town) Balto, (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lurnier Woodson

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Va.

Informant. Records (Address) JOHNS HOPKINS HOSPITAL

Filed DEC 27 1926 C. BARRON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24. 1926. to Dec. 25. 1926. that I last saw h lt alive on Dec. 25. 1926, and that death occurred, on the date stated above, at 9.25 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) Thomas W. Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	Dec 28 1926
20 UNDERTAKER	ADDRESS
Jos. T. H. Rochester	1413 Jefferson

Dec.—1-12-23—M&T—500 Blks.

Petrek

HEALTH DEPARTMENT—CITY OF BALTIMORE

17196

CERTIFICATE OF DEATH.

90E 17196

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 300 W. Maple Av ST., Cwalea (WARD) 14

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Petrela

(a) RESIDENCE NO. 300 W Maple Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Petrek

DATE OF BIRTH (month, day, and year): Mar 1 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	78	1	27 25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Bohemia

10 NAME OF FATHER: Matz Kuber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

Informant: John Petrek

(Address): 300 W Maple Av

Filed [illegible] 1926 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 30 1926

17

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw h alive on ..... 19.....

and that death occurred, on the date stated above, at 7 AM m

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ....., M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 29 1926

20 UNDERTAKER: Frank Groob Son — ADDRESS: 1906 Eutaw

ec.—1-12-23—M&T—500 Bks.

98294

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17197

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74 E 17197

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-1 ST. WARD)

2-FULL NAME Mrs. Pauline Kutz

(a) RESIDENCE NO. 2120 E. Lombard St. ST., City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of or) WIFE of Hilda - daughter -

DATE OF BIRTH (month, day, and year) ~~December~~

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42 yrs.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany -

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

Informant Records -

(Address) JOHNS HOPKINS HOSPITAL

Filed 1-15-27 19 RH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1926, to Dec. 23, 1926, that I last saw her alive on Dec. 23, 1926, and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, hypertension

Myocardial insufficiency

Cerebral hemorrhage

(duration) 3 (?) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E Cowles Andrus, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Dec. 28th 1926
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St.

Spec.–7-17-26—A Co.—200 Bks.

E 17198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101-001 E 17198

76-5

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 505 S. Clinton St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Sedlmyer.

(a) RESIDENCE NO. 505 S. Clinton St. St. 76 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs 60 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lorenz Sedlmyer.

6 DATE OF BIRTH (month, day, and year): Sept. 16-1850.

7 AGE — Years: 76 — Months: 3 — Days: 9 — IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework. 07

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Nickol

(Address): 505 S. Clinton St.

15 Filed DEC 27 1926 19 — Per — Registrar

C. EARNEST JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec. 25-1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1926, to Dec. 25, 1926,

that I last saw her alive on Dec 24, 1926,

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease

(duration) ....yrs. mos 16 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) ....yrs. mos 9 ds.

18 Where was disease contracted

If not at place of death? ~

Did an operation precede death? ~ Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb V. Tilley, M. D.

Dec 27, 1926 (Address) 100 S. Patterson Park ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. — Date of Burial: Dec. 29, 1926

20 UNDERTAKER: Lilly & Zeiler. — ADDRESS: 403 N. Wolfe St.

Spec.–7-17-26—A Co.—200 Bks.

7199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 17199

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3714 Eastern Ave St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Guntensperger.

(a) RESIDENCE NO. 3714 Eastern Ave. St. 76. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? 23 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Crezentia Guntensperger

6 DATE OF BIRTH (month, day, and year): April 21 - 1857

7 AGE: Years 69. Months 8 Days 5. IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): (State or country) Switzerland

PARENTS

10 NAME OF FATHER: Christian Guntensperger

11 BIRTHPLACE OF FATHER (City or town): (State or country) Switzerland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Switzerland.

14 Informant: Alfred Guntensperger.

(Address) 635 S. 6th St.

15 Filed DEC 27 1926

C. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 26 - 1926.

17 I HEREBY CERTIFY, That I attended deceased from August 17, 1926, to Dec - 26 - , 1926, that I last saw h— alive on Dec - 25, 1926, and that death occurred, on the date stated above, at 9.15 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Dis (Chronic - Edema Syndrome)

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted ✓

if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Thos. O'Donovan, M. D.

, 19 (Address) 125 S. Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Date of Burial: Dec. 29th 1926

20 UNDERTAKER: Luby & Sons ADDRESS: 403 S. Broadway

Cor.—12-9-25—A Co.—200 Bks.

Seits

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 V

E 17200

CERTIFICATE OF DEATH.

REGISTERED No. E 17200

1-PLACE OF DEATH

City of BALTIMORE: (No. 828 S. Bond St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Seits

(a) RESIDENCE NO. 828 S. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Seits

6 DATE OF BIRTH (month, day, and year): Jan 10 1883

7 AGE — Years: 41 — Months: 11 — Days: 15 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: at home 037

9 BIRTHPLACE (city or town): Poland

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Poland

14 Informant: Lillie Formella

(Address) 2220 Flat 51

Filed: 7 1926

C. EARLSON JONES, M. D. Registrar

Per R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) .....yrs. 1 mos. 6 ds.

(Signed) James M Kenton M. D.

(Coroner)

12 27 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Hill Rec'd 28 Dec 26

Date of Burial

20 UNDERTAKER: John M Weber

ADDRESS: 1803 Bank St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17201

CERTIFICATE OF DEATH.

1886-003

E 17201

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Md General Hospital 306 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Stiebler

(a) RESIDENCE NO. 956 Reservoir St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 Color or Race W.

5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 - 1858

7 AGE Years 68 Months 5 Days 4 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer Peabody Institute

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country)

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country)

14 Informant Mrs L Ferguson

(Address) 3015 Johnson ave

15 Filed _____ 19 C. EAMES JONES, M. D.

Registrar

C 27 1925

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull

(duration) .....yrs. .....mos. 2 ds.

CONTRIBUTORY (Secondary) automobile accident

(duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Dec 27, 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Date of Burial Dec 28th 1926

19b UNDERTAKER Bertram Bloxt ADDRESS 1725 N Lafayette Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17202

E 17202

31

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Dailey

(a) RESIDENCE NO. 703? S. Greene st. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town)_____

(State or country) Jamaica

10 NAME OF FATHER Thomas Dailey

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Jamaica

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Jamaica

14 Informant Hospital records

(Address) C. HAMPSON JONES, M. D.

15 Filed 1926 Per 0890 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec. 23, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16 19 26, to Dec. 23 19 26, that I last saw him alive on Dec. 23 19 26, and that death occurred, on the date stated above, at 2.50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C E Jones, M. D.

12-23-1926 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

NS HOPKINS HOSPITAL.

20 UNDERTAKER — ADDRESS

Commissioner Health.

DEC 27 1926

ec.—6-9-19—H. P. Co.—1000 Bks.

(Wisdom)

17203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17203

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2902 London Avenue REGISTERED NO.

TY OF BALTIMORE: (NO. ST.: 40 W WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Drysdale Wisdom

(a) RESIDENCE. NO. 2902 London ST. Ave WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Thomas. B. Wisdom

DATE OF BIRTH (month, day, and year) Dec 11. 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	0	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, ~~business, or establishment~~ in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Madison - Wis

10 NAME OF FATHER Andrew Drysdale.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Susan Clegg.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

Informant Mrs. B. W. Grondal.

(Address) 2902 London Avenue.

Filed 19 C. HAMPSON JONES, M. D. Registrar

1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1926, to Dec 26, 1926, that I last saw her alive on Dec 25, 1926, and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Carcinoma ~~of~~ Jnguli.

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray & fluroscopic

(Signed) Charles L. Warner, M. D.

, 19 (Address) 3312 Egerton Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Dec 28 1926
20 UNDERTAKER	ADDRESS
Wm J. Tucker Sons	North Ave

c.—1-12-23—M&T—500 Bks.

17204 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17204

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 S Gilmor ST. 14-2 WARD) 101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelian J Preston

(a) RESIDENCE No. 431 S Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR OR RACE White | Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carlayne Preston

DATE OF BIRTH (month, day, and year) July 14 1866

AGE Years 60 Months 5 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) Amer Wkr. Corp

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER William Preston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Catherine Preston

(Address) 431 S Gilmor st

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926, to Dec 24, 1926, that I last saw him alive on Dec 23, 1926, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) James F Kemp M. D.

12/27/26, 19 (Address) 1729 E Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catholic Cem	12/28/26
UNDERTAKER	ADDRESS
Geo A Tinley Sons	Fulton & Fayette

Spec.—1-10-21—M&T—1500 Bks.

17205

HEALTH DEPARTMENT—CITY OF BALTIMORE E 17205

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Grove Ave. near Edna Ave. ST., 1 WARD) Hamilton

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Kanomaul

(a) RESIDENCE No. Grove Ave. near Edna ave. ST., Hamilton WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 15th 1838

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	8	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

BIRTHPLACE (city or town) Unknown (State or country) Germany

10 NAME OF FATHER Albert Kanomaul

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Markley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Philip J. Frach

(Address) Grove Ave near Edna

1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Dec 26, 1926

that I last saw h alive on Dec 21, 1926

and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Hemiplegia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones M. D.

(Address) 611 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jerusalem Luth. Cemetery	Dec. 29, 26
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son	Fulton

c.—1-12-23—M&T—500 Blks.

E 17206 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17206

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1318 N. Caroline ST., 9-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A Williams

(a) RESIDENCE NO. 1318 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of Geneva C. Crane

DATE OF BIRTH (month, day, and year) Aug. 26, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) A.A. County, Md.

10 NAME OF FATHER James E. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Laurence S. Williams

(Address) 1300 N. Caroline St.

DEC 27 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct, 1925, to Dec 27, 1926,

that I last saw him alive on Dec 26, 1926,

and that death occurred, on the date stated above, at 12 20a m.

The CAUSE OF DEATH* was as follows:

Cerebro sclerosis arterial hypertension, Chronic nephritis

(duration) Indefinite yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gs+S. Laboratory

(Signed) Harold C. Gillaspy M. D.

, 19 (Address) 31. E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Dec. 29 1926

20 UNDERTAKER E. O. Mitchell & Sons

ADDRESS 1900 Eutaw St.

c.—1-12-23—M&T—500 Bks.

8560

E 17207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17207

71-001

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. William ST. 16-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Bell

(a) RESIDENCE NO. 823 Whatcoat ST., WARD Baltr-Md-
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Child

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) May 25-1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7 mos		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Joseph Bell

11 BIRTHPLACE OF FATHER (city or town) —
(State or country)

12 MAIDEN NAME OF MOTHER Mary —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Records —
(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-25-1926

17

I HEREBY CERTIFY, That I attended deceased from Dec-22, 1926, to Dec-25, 1926, that I last saw him alive on Dec-26, 1926 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Meningitis, pneumococcus.

(duration) yrs. mos ds.

CONTRIBUTORY None
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? N.C. Date of

Was there an autopsy? yes

What test confirmed diagnosis? Culture

(Signed) Thomas W. Cornwall, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL Dec 27/1926

20 UNDERTAKER Hamm Easton

ADDRESS Bo ore

Spec.—1-10-21—M&T—1500 Bks.

17208 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17208

CERTIFICATE OF DEATH.

94-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1017 Mc Culloh St. (Ward) 11-1

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Victoria Parr

(a) RESIDENCE NO. 1017 Mc Culloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Ireland	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bath England

10 NAME OF FATHER Robert Parr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bath England

12 MAIDEN NAME OF MOTHER Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bath England

Informant (Address) James Parr 1017 Mc Culloh St.

1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926, to Dec 27, 1926, that I last saw her alive on Dec 26, 1926, and that death occurred, on the date stated above, at 3.40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs.

(Signed) John W. Gaines, M. D.

, 19 (Address) 1335 Penna. ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec 27/926

20 UNDERTAKER Heinl Easton — ADDRESS 916 Penna.

Spec.—1-10-21—M&T—1500 Bks.

17209

HEALTH DEPARTMENT—CITY OF BALTIMORE

77 E 17209

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Balto City Hospls

CITY OF BALTIMORE: (No. Balto. Md ST. 11-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gulliver

(a) RESIDENCE No. 1201 Brevard St ST.; WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Blk.	Separated

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1890

AGE	Years	Months	Days	If LESS than 1 day,.....hrs or ....min.
36				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Balto City Hospls Baltimore Md

Filed 1926 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-24- 1926 to 12-26 1926

that I last saw him alive on 12-25 1926

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Manic Excitement

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Goodman M. D.

, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL Dec 27 1926

20 UNDERTAKER Harry Easton

ADDRESS 516 Cam

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17210

E 17210

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 861 N. Oxford St. 21-W Ward)

2-FULL NAME Mary F. Thomas

(a) RESIDENCE NO. 1861 N. Oxford St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Thomas

6 DATE OF BIRTH (month, day, and year): Nov 24 1880

7 AGE: Years 46 | Months — | Days 29 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 27

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Louis Laboy

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Maggie Grove

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: Harry Thomas

(Address): 861 N. Oxford St

Filed 7 1926 19 C. HAMPSON JONES, M. D. Registrar

Per CRO

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26-1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Thos. F. Jones M. D.

(Coroner)

Dec 26 19 26 (Address) Curtis Bay, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial: Dec 27 19 26

20 UNDERTAKER: Hunt Easton ADDRESS: Curtis Bay

Spec.—1-10-21—M&T—1500 Rks.

17211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17211

CERTIFICATE OF DEATH.

162

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Park Ave ST. 11-1 WARD)

2-FULL NAME Baby Girl Anderson

(a) RESIDENCE NO. 1213 Park Ave ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): 12-25-26

AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or 25 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER George Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Emporia Va

12 MAIDEN NAME OF MOTHER Mabel Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Orlando N.C

Informant: George Anderson
(Address) 1213 Park Ave

Filed 1926

C. HAMPSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1926

17

I HEREBY CERTIFY, That I attended deceased from 12-25, 1926, to 12-26, 1926, that I last saw her alive on 12-26, 1926 and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the New born

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Prematurity

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Esta L. Dodge, M. D.

, 19 (Address) Emergency Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 27, 1926
20 UNDERTAKER	ADDRESS
Hamilton	Home

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17212

CERTIFICATE OF DEATH.

100-02

E 17212

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Abbottston ST. 9-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Russell Edward Ehrhardt

(a) RESIDENCE NO. 1516 Abbottston ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Apr. 8, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, (State or country) Md.

10 NAME OF FATHER Esther Geo. Ehrhardt

11 BIRTHPLACE OF FATHER (city or town) Balto., (State or country) Md.

12 MAIDEN NAME OF MOTHER Esther Elizabeth Smoot

13 BIRTHPLACE OF MOTHER (city or town) Balto., (State or country) Md.

Informant Mrs Esther E. Ehrhardt

(Address) 1516 Abbottston St

1926 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27, 1926

17

I HEREBY CERTIFY, That I attended deceased from 12-27, 1926, to 12-27, 1926,

that I last saw him alive on 12-27, 1926

and that death occurred, on the date stated above, at 11 45 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Aylett, M. D.

, 19 (Address) 1802 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Com	Dec 29 1926
20 UNDERTAKER	ADDRESS
Henry Lutz	1203 N. Broadway

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17213

CERTIFICATE OF DEATH

E 17213

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3168 Wilkens St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda J Seamon

(a) RESIDENCE NO. 3168 Wilkens Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert J.

6 DATE OF BIRTH (month, day, and year): July 21 - 1857

7 AGE — Years: 67 — Months: 5 — Days: 4 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Horace A Seamon

(Address) 3168 Wilkens Ave

15 Filed: C. EMERSON JONES, M. D. Registrar

17 1926 Per BRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12-25-26

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926, to Dec 25, 1926

that I last saw her alive on Dec 24, 1926

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Hemorrhage, Myocardites

(duration) Months Days

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert E Short M. D.

12/27. 1926 (Address) 2151 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Md — Date of Burial: 12/28 19 x

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E 40th St

Spec.-7-17-26—A Co.—200 Bks.

E 17214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1517 Sarah St
129 E 17214

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1234 Cleveland St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Higdon

(a) RESIDENCE NO. 1234 Cleveland St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Mary Higdon

6 DATE OF BIRTH (month, day, and year): 12-1-1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	43	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer): American

(c) Name of employer: Ice Company

9 BIRTHPLACE (city or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: James Higdon

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rebecca Carson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Mary Higdon

(Address): 1234 Cleveland

15 Filed 1926 C. HALSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-25- 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1926, to Dec 25, 1926, that I last saw h— alive on Dec 25, 1926, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Interstitial Chronic

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

12/29, 1926 (Address) 67 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

Date of Burial: Dec 29 1926

20 UNDERTAKER: [illegible] Cook

ADDRESS: 502 E North Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17215

CERTIFICATE OF DEATH.

49

E 17215

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2301 E. North ave St. 8-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Schnabel

(a) RESIDENCE NO. 2301 E. North ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race White

5 Single, Married, Widowed, or Divorced (write the word) Married

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Jennie Schnabel

7 DATE OF BIRTH (month, day, and year) Dec 6-1870

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	~~10~~	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Owner

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Germany

10 NAME OF FATHER dont know

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germ

14 Informant Jennie Schnabel

(Address) 2301 E North ave

15 Filed DEC 26 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1926, to Dec 24 1926, that I last saw h[illegible] alive on Dec 24 1926, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Sarcoma of neck.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Ex Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical Examination

Dec 27 1926 (Signed) J. C. Staden, M. D.

(Address) 1430 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer cemetery Date of Burial 12/29/1926

20 UNDERTAKER J. J. Moran ADDRESS 3000 E. Baltimore

c.—1-12-23—M&T—500 Blks.

17216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17216

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 5606 York Rd. ST. 27-7 WARD)

2-FULL NAME Bertha Hartman

(a) RESIDENCE NO. 5606 York Rd ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) W

If married, widowed, or divorced
~~HUSBAND of~~
or) WIFE of Valentine Hartman

ATE OF BIRTH (month, day, and year) Ap 13-1865

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	8		

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) City Harrisburg

10 NAME OF FATHER Karl Hannoch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Apt Bron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Anna Hartman
(Address) 5606 York Rd

1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1926, to Dec 25, 1926, that I last saw h alive on Dec 25, 1926, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema.
Cardiac Decompensation

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Myocarditis & Mitral Regurgitation

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Chas F Brune ..., M. D.

, 19 (Address) 4707 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	12/28 1926
20 UNDERTAKER J. F. Moran	ADDRESS 3000 E Baltimore

Spec. 1-10-21 M&T 1500 Blks.

17217 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17217

CERTIFICATE OF DEATH. 905

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2108 N. Calvert ST. 17-5 WARD)

2-FULL NAME Amelia D. Sturgeon

(a) RESIDENCE NO. 2108 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	W

If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Sturgeon

DATE OF BIRTH (month, day, and year) Sept 18 1842

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	84	3	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER don't know

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Mrs McGowan
(Address)

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1926, to Dec 24, 1926.

that I last saw h[illegible] alive on Dec 23 1926

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

from history about 1 mo
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) acute dilatation of heart
(duration) yrs. mos. 1 hr ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter Corbett M. D.

Dec 27 1926 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
North East, Md.	12/28 1926
20 UNDERTAKER J. J. Moran	ADDRESS 300 E Baltimore

Spec.–7-17-26—A Co.—200 Bks.

Dr Campbell Head of Hanover

E 17218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 17218

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 2024 Wilkens Ave St. 20-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence A Miller

(a) RESIDENCE NO. 2024 Wilkens Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick A Miller

6 DATE OF BIRTH (month, day, and year) Dec 1, 1880

7 AGE — Years: 46 — Months: 0 — Days: 25

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER John W. Burke

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Emma E Stubbins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Frederick A Miller

(Address) 2021 Wilkens Ave

15 Filed C. HAMPSON JONES, M. D.

1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to Dec 26, 1926

that I last saw h alive on Dec 26, 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY Uremia

(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) W. H. Campbell, M. D.

Dec 27, 1926 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — Date of Burial: Dec 29 1926

20 UNDERTAKER: Wm Cook — ADDRESS: 502 E North Ave

c.—1-12 23—M&T—500 Blks.

17219 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17219

CERTIFICATE OF DEATH. X 31

1-PLACE OF DEATH U. S Marine Hospital #1 Balt Md REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balt. Md. ST. 17-2 WARD)

2-FULL NAME McKinley Hancock.

(a) RESIDENCE NO. 7016 Grayson Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Philadelphia Pa. yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. — mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Hancock

ATE OF BIRTH (month, day, and year) March 4, 1898

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	23	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman.

(c) Name of employer U.S Coast Guard Service

IRTHPLACE (city or town) (State or country) S.C.

0 NAME OF FATHER John Hancock

1 BIRTHPLACE OF FATHER (city or town) (State or country) Texas

2 MAIDEN NAME OF MOTHER M Nichols

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Indian

Informant Self

(Address)

F[illegible] 1926 C. HAMPSON JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1926.

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Dec. 1926.

that I last saw him alive on Dec - , 19 ,

and that death occurred, on the date stated above, at 10 5 a m.

The CAUSE OF DEATH* was as follows:

Intoxication, Pulmonary, Chronic

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) None —

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death? On Ship

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Autopsic findings + laboratory tests

(Signed) W. J. B. McAuliffe, M. D.

(Address) U.S Marine Hospital #1

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nat Cemetery — DATE OF BURIAL Dec 29 1926

20 UNDERTAKER E Le Roy Stuffle — ADDRESS 1258 North

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17220

CERTIFICATE OF DEATH.

101-004

E 17220

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1531 Holbrook St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flomer E Pfauff

(a) RESIDENCE NO 1531 Holbrook St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice M. Pfauff.

7 DATE OF BIRTH (month, day, and year): June. 7. 1864

8 AGE: Years 62. Months 6 Days 18

If LESS than 1 day.....hrs. or.....min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: P. P. P. 23

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

10 BIRTHPLACE (city or town):

(State or country) Washington D C.

11 NAME OF FATHER Thomas F Pfauff.

12 BIRTHPLACE OF FATHER (city or town):

(State or country) Washington D.C.

13 MAIDEN NAME OF MOTHER M. Hansen

14 BIRTHPLACE OF MOTHER (city or town):

(State or country) Washington D. C.

15 Informant: Mrs. Alice M. Pfauff.

(Address) 1531 Holbrook st.

16 Filed 1926 Dec 28 C. HAYSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/25 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/3 1926, to 12/25 1926,

that I last saw h.m. alive on 12/25 1926,

and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Edema of Lungs

(duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY .....

(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy!

What test confirmed diagnosis!

(Signed) Dr Bernard Lytle, M. D.

12/27 1926 (Address) 914 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wood Lawn Cemetery

Date of Burial: Dec 28 1926

20 UNDERTAKER: Eyring & Pitt

ADDRESS: 1735 Harford Ave

Spec.—1-10-21—M&T—1500 Bks.

E 17221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17221

CERTIFICATE OF DEATH.

31

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539 N. Milton ave ST., 8-3 WARD)

2-FULL NAME b. Edna Sause

(a) RESIDENCE No 1539 N. Milton ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) M

If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Sause

DATE OF BIRTH (month, day and year) Jan 1 - 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	31	11	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Home

(h) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER Wm. H. Wise

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Ada Fetner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

Informant Stephen Sause
(Address) 1539 N. Milton ave

Filed 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1926, to Dec 14, 1926,
that I last saw h, W alive on Dec 14, 1926
and that death occurred, on the date stated above, at 1 pm m.
The CAUSE OF DEATH* was as follows:

Pul. T B.

(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Cy hamilton

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Wm. C. Grades, M. D.

Dec 14, 1926 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cul Lawnlem	12/28 1926
20 UNDERTAKER J. J. Moran	ADDRESS 200 E Balto

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17222

CERTIFICATE OF DEATH.

90 E 17222

1-PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE: (No. 418 E. 20th St.; 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Bernard Sweeney

Residence in Baltimore: No. 418 East 20th St.; 54 yrs., 8 mos. 6 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.)
Male	White	Widower

DATE OF BIRTH, ... (Month) 20 (Day) 1872 (Year)

AGE, 54 yrs. 8 mos. 6 ds. If LESS than 1 day, ... hrs. or .... min.?

OCCUPATION: (a) Trade, profession, or particular kind of work: Business Agt. Federation of Labor
(b) General nature of industry, business, or establishment in which employed (or employer): Coast Mfg. Co.

BIRTHPLACE, (State or Country), Balto Co, Md.

10-NAME OF FATHER, Patk Sweeney.

11-BIRTHPLACE OF FATHER (State or Country), Balto Co. Md.

12-MAIDEN NAME OF MOTHER Katherine Kelly.

13-BIRTHPLACE OF MOTHER (State or Country), Ireland.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Joseph Sweeney

(Address) 418 E 20th St.

ed ..... C. EMPSON JONES, M. D. Registrar.

7 1926 Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 26, 1926 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25 1926, to Dec. 26, 1926, that I saw him alive on Dec. 26, 1926, and that death occurred, on the date stated above, at 1.00 a.m.

The CAUSE OF DEATH* was as follows:

Valvular heart Trouble

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute indigestion 12 hours.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Hugh Forsythe M. D.

12-26, 1926. (Address) 4226 E. Monument Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, New Cathedral — DATE OF BURIAL, 12/29/1926

20-UNDERTAKER John A. Moran — ADDRESS 2000 E. Balto St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17223

74-001

E 17223 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3046 Boston St., 1-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Grabowski

(a) RESIDENCE NO. 3046 Boston St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. ds. How long in U. S., if of foreign birth? 30 yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grabowski

6 DATE OF BIRTH (month, day, and year): unk

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: 0

8 BIRTHPLACE (city or town)

(State or country): Poland

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town)

(State or country): unk

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unk

14 Informant: Frank Grabowski

(Address) 3046 Boston St

15 Filed DEC 28 1926

C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) found that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) James H Carlson M. D. (Coroner)

12-28 1926 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem Date of Burial Dec 29 1926

20 UNDERTAKER: Stephen J Galbowski ADDRESS: 1 Kenwood Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17224

CERTIFICATE OF DEATH.

5 p E 17224

1-PLACE OF DEATH

City of BALTIMORE: (No. 1208 N. Pratt St., 18-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Smuckler

(a) RESIDENCE NO. 1208 N. Pratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rosa Smuckler

7 DATE OF BIRTH (month, day, and year): Unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Russia

(State or country)

10 NAME OF FATHER: Isidor Smuckler

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Louis Smuckler

(Address): 1208 N. Pratt St.

Filed: C 28 1926

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / Autopsy

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest / Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Thos. B. Horton M. D.

(Coroner)

Dec 27 1926 (Address) Curtis Bay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Henning Pen	12/28 1926
20 UNDERTAKER	ADDRESS 1127
Leonard Bro E Baltimore	

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

CERTIFICATE OF DEATH.

E 17225
1-PLACE OF DEATH

REGISTERED NO. E 17225

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Sinai Hospital St. 11-2 Ward)

2-FULL NAME Baby (Girl) Budlow

(a) RESIDENCE NO. 1118 McCulloh St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ——yrs. ——mos. 10 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? ——yrs. ——mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): ——

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: ——

7 DATE OF BIRTH (month, day, and year): Dec 17/26

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None, (0)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore, Md

10 NAME OF FATHER Nathan Budlow

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sylvia Lauter

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Russia

I Informant: Nathan Bud Law

(Address) 1118 McCulloh St

Filed Dec 28 1926 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12-27-26

17 I HEREBY CERTIFY, That I attended deceased from 12-17, 19 26 to 12-27, 19 26 that I last saw her alive on 12-27, 19 26 and that death occurred, on the date stated above, at 1:30 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinically

(Signed) Harry Weinraub, M. D.

12/27 1926 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — Date of Burial: Dec 28 1926

20 UNDERTAKER: S Levinson Bro — ADDRESS 1112 E Balto St

Spec. 4-2-9-25—A Co.—200 Blks.

Yahde.

E 17226

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 E 17226

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3309 McElderry St. 76-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Thora Yahde

(a) RESIDENCE NO. 3309 McElderry St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: ___

7 DATE OF BIRTH (month, day, and year): Oct 7-1908

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	8	2	21	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ___

(b) General nature of industry, business, or establishment in which employed (or employer): School Girl

(c) Name of employer: ___

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

11 NAME OF FATHER: Fred N Yahde

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Rosa L Bowers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Rosa N Yahde

(Address) 3309 McElderry St

15 Filed 1926 C. KAMPER JONES, M. D. Registrar

12 28 1926 Per ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Dec 28

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926 to Dec 28, 1926, that I last saw h.v. alive on Dec 28, 1926, and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows: (Corr)

Diphtheria

(duration) ___ yrs. 10 mos. ___ ds.

CONTRIBUTORY (Secondary) Edema Pneumonia

Septicemia (duration) ___ yrs. ___ mos. 5 ds.

18 Where was disease contracted if not at place of death? Carlemmon

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Microscopic

(Signed) M. Schindler M.D. 1926 (Address) 3309 McElderry St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem Date of Burial 12-29 1926

20 UNDERTAKER: E B Hark ADDRESS 115 E West St

Spec. 1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17227

CERTIFICATE OF DEATH.

74-001

E 17227

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3220 Carlisle Ave ST., 15-4 WARD)

2-FULL NAME Mrs. Emma L. Burke

(a) RESIDENCE NO. 3220 Carlisle Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund Burke

DATE OF BIRTH (month, day, and year) July 21, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	41.	5	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Rudolph Wattenschidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Lipka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mr. Christopher Wattenschidt

(Address) 3220 Carlisle Ave

Filed DEC 28 1926 EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1926, to Dec. 26, 1926, that I last saw h... alive on Dec. 26, 1926, and that death occurred, on the date stated above, at 5.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Hypertension & Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Emmerich Lorentz M. D.

12/26 1926 (Address) 3705 Liberty Hgts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Dec 28 1926
20 UNDERTAKER Joseph B Cook	ADDRESS 1003 Baltic St

e.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17228

CERTIFICATE OF DEATH.

57 E 17228

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 West Franklin ST. 18-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Owen Crusey

(a) RESIDENCE NO. 1213 West Franklin ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Crusey

6 DATE OF BIRTH (month, day, and year) April, 29th. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	67	7	27	

8 OCCUPATION OF DECEASED Railway

(a) Trade, profession or particular kind of work Pullman Conductor 073

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Pullman Company

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

10 NAME OF FATHER William Crusey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Maryland

12 MAIDEN NAME OF MOTHER Miss Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.

Informant (Address) Louise H. Crusey 1213 West Franklin Street

Filed DEC 28 1926 E. FRANKLIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December, 26th 26

17 I HEREBY CERTIFY, That I attended deceased from ..... 19 26 to Dec 26 19 26, that I last saw him alive on Dec 26 19 26, and that death occurred, on the date stated above, at 12.50 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Exam. urine.

(Signed) John S. Bishop, M. D.

12/27 26 (Address) 930 N. Calvert Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL LOUDON PARK CEMETERY — DATE OF BURIAL Dec 29th 26

20 UNDERTAKER Joseph B. Cook — ADDRESS 1003 N. Calvert St

Spec.—1-10-21—M&T—1500 Bks.

E 17229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

89 E 17229

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 Leeds ST. 10-2 WARD)

2-FULL NAME Elizabeth Opel

(a) RESIDENCE No. 3140 Leeds ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of August Opel

DATE OF BIRTH (month, day, and year) Jan 19 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73		11	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Leonard Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Keil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant

(Address) 3140 Leeds St.

Filed DEC 28 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27- 1926

17 I HEREBY CERTIFY, That I attended deceased from April, 1925, to Dec. 27-, 1926, that I last saw her alive on Dec. 26-, 1926, and that death occurred, on the date stated above, at A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. K. Schilling M. D.

12/27, 1926 (Address) 1120 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Dec 29 1926

20 UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto St

c.—1-12-23—M&T—500 Blks.

E 17230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17230

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 3354 Strickland St. WARD)

2-FULL NAME Zella Lee Moucks.

(a) RESIDENCE NO. 3354 Strickland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Moucks.

ATE OF BIRTH (month, day, and year) Oct 23 1869.

GE 57 Years	Months 2	Days 2	If LESS than 1 day, ... hrs. or ..... min.

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Harford Co. Md.

0 NAME OF FATHER Basil Grafton

1 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md.

2 MAIDEN NAME OF MOTHER Margaret Grafton

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

Informant (Address) Mrs. Margaret Tucker. Forest Hill, Md.

Filed 12 8 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1926, to Dec 25, 1926, that I last saw her alive on Dec 25, 1926 and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical

(Signed) Fred T. Kyper, M. D.

, 19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Deer Creek Cemetery Harford Co. Md.

DATE OF BURIAL Dec. 28 1926

20 UNDERTAKER Hornberger & Gross.

ADDRESS Dallsto Md.

Spec.—1-10-21—M&T—1500 Bks.

E 17231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

E 17231

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 E. Hill ST. 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Stanton

(a) RESIDENCE No. 35 E. Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret E. Stanton

DATE OF BIRTH (month, day, and year): Aug 5-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: U. S. Boiler Insp.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: U. S. Govt 086

BIRTHPLACE (city or town) (State or country): Balto

10 NAME OF FATHER: Thomas Stanton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Bridget F.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Mrs. Margaret E. Stanton

(Address) 35 E. Hill St.

Filed 8 1926

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1926

17

I HEREBY CERTIFY, That I attended deceased from ✓, 1926, to Dec 26, 1926,

that I last saw h in alive on Dec 26, 1926,

and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

. Arterio-Sclerosis

Nephritis Chronic

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Ulcer Stomach -

Hemorrhage (duration) yrs. mos. 35 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? P. E. Examination

(Signed) J. Lear S. Bishop, M. D.

, 19 (Address) 930 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Dec 29 1926
20 UNDERTAKER	ADDRESS
F. A. Richardson	703 Hanover

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17232

CERTIFICATE OF DEATH.

111-001

E 17232

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp ST. 14-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon Noel

(a) RESIDENCE NO. 1529 W. Baltic. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	M

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Sarah Noel.

6 DATE OF BIRTH (month, day, and year) Mar 27, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	27	— 9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing cutter. 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ~~Russia~~ Md. (State or country)

10 NAME OF FATHER Marcus Noel

11 BIRTHPLACE OF FATHER (city or town) Russia (State or country)

12 MAIDEN NAME OF MOTHER Sara Levenstal

13 BIRTHPLACE OF MOTHER (city or town) Russia (State or country)

Informant Mrs Simon Noel.

(Address) 1529 W. Baltic st

Filed 8 1926 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1926, to Dec. 27, 1926, that I last saw him alive on Dec. 27, 19..., and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows

Intestinal Obstruction.

(duration) ... yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary) Gastric ulcer.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/9/26 - 12/26/26.

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs.

(Signed) J. K. Price, M. D.

12/27, 19 26 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Henning Bur	12/28 19 26
20 UNDERTAKER	ADDRESS 1127 E Balto st
Goldstein Bros	

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17233

CERTIFICATE OF DEATH.

31

E 17233

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1721 Orleans St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ernst Williams

(a) RESIDENCE NO. 1721 Orleans St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
~~male~~ female	col	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

7 DATE OF BIRTH (month, day, and year) June 2/26

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Balto., Md

10 NAME OF FATHER Ernst Williams

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Alice Dorsey

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Alice Williams

(Address) 1721 Orleans St.

15 Filed 12 28 1925 [illegible] JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulmonary Tuberculosis

_____ (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. S. Wallace M. D. (Coroner)

18 12/28/26 (Address) 508 e. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the state ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cushing Cemetery Date of Burial 12/28/26

20 UNDERTAKER Wm. R. A. Elliott ADDRESS Catonsville

Cor.—12-9-25—A Co.—200 Bks.

E 17234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

181-001 14

E 17234

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 614 N. Calvert St., 11-3 Ward)

2-FULL NAME Arthur T. Spell

(a) RESIDENCE NO. 614 N. Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred much yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

AGE: 28 about Years Months Days

IF LESS than 1 day ....hrs. or ....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Car inspector

(b) General nature of industry, business, or establishment in which employed (or employer): 073

(c) Name of employer

8 BIRTHPLACE (city or town): [illegible] N. C.

(State or country)

10 NAME OF FATHER: Lott Spell

11 BIRTHPLACE OF FATHER (city or town): N. C.

(State or country)

12 MAIDEN NAME OF MOTHER: L. R. Wade

13 BIRTHPLACE OF MOTHER (city or town): N. C.

(State or country)

14 Informant: Lott Spell

(Address) N. C.

Filed DEC 28 1926 FRANK JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Run over by car accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Contusion

(duration) yrs. mos. ds.

(Signed) W. T. Riley M. D.

(Coroner)

1, 1927 (Address) 1639 Bank

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roseboro N C — Date of Burial: 12/28/26

20 UNDERTAKER: Edw Jordan — ADDRESS: Woodbourne

...-1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17235

CERTIFICATE OF DEATH.

12 E 17235

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1303 N Milton Ave ST., 8-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Alexander Michel

(a) RESIDENCE NO. 1303 N Milton Ave ST., WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): Married

If married, ~~widowed~~, or ~~divorced~~
HUSBAND of (or) ~~WIFE of~~ Mary J Michel

DATE OF BIRTH (month, day, and year) July 22nd 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Theodore Michel

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elmore Miller

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Germany

Informant Mary J Michel
(Address) 1303 N Milton Ave

FILED DEC 28 1926 C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26, 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1920, to Dec 26, 1926, that I last saw him alive on Dec 26, 1926, and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Mitral insufficiency (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J M Byers M. D.

12/28 1926 (Address) 1405 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Dec 29 1926
20 UNDERTAKER	ADDRESS
Henry W Jenkins & Son Co	Oakland & McCulloh Sts

Spec.—1-10-21—M&T—1500 Bks.

E 17236 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

E 17236

REGISTERED NO.

1-PLACE OF DEATH Womans. Hospital

CITY OF BALTIMORE: (No. 27-6 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Brune

(a) RESIDENCE NO. Poplar Hill Rd Roland Pk ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 27, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Frederick W. Brune

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Keyser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs Mary Brune.

(Address) [illegible] Roland Park

Filed DEC 28 1926

C. MARSDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28. 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 27. 1926. to Dec 28. 1926.

that I last saw her alive on Dec 27. 1926.

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick H. Knock, M. D.

. 19 (Address) Woman Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Dec 19 26
20 UNDERTAKER Henry Hankins Sons Co	ADDRESS [illegible]

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17237

E. 17237

CERTIFICATE OF DEATH.

19-2118

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (NO.) Franklin Square Hosp (STREET) (WARD)

2-FULL NAME Mrs Elizabeth Marsh

(a) RESIDENCE NO. 412 S. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Marsh

DATE OF BIRTH (month, day, and year) ? 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60				

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): England

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Edw Marsh
(Address) 412 S Calhoun St

Filed DEC 28 1926 C. HANSON JONES, M. D. Registrar
RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926 to Dec 25, 1926
that I last saw her alive on Dec. 25, 1926
and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows:
Strangulated Ventral Hernia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/25/26

Was there an autopsy? No Operation

What test confirmed diagnosis?

(Signed) Louis F. Lang, M. D.

12/25/26 (Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 29 1926

20 UNDERTAKER: Robert V Barkesdon — ADDRESS: Calhoun Hollins

...—1-12-23—M&T—500 Bks.

E 17238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17238

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 1522 Clifton Ave., ST. 13-5 WARD)

2-FULL NAME Lena Rosenbloom

(a) RESIDENCE NO. 1522 Clifton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
emale	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isriel Rosenbloom

ATE OF BIRTH (month, day, and year) Unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town)
(State or country) Russia

10 NAME OF FATHER Solomom Levy

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

Informant Isaac Rosenbloom
(Address) 1522 Clifton Ave

28 1926 19 C. HAMPSON JONES, M. D.
Registrar

By R.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 19 26, to December 27 26.

that I last saw her alive on December 27, 1926

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Edw. V. Cookelman, M. D.

, 19 (Address) 24 N. Fulton Ave..

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest Rose dale	12-28 1926
19 UNDERTAKER Jack Levin	ADDRESS 1439 E Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17239

E 17239

74-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1139 McElderry St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Brummell

(a) RESIDENCE NO. 1139 McElderry St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 2 mos. ____ ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: James Brummell

7 DATE OF BIRTH (month, day, and year): May 21 1886

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Maryland

(State or country) County Md

10 NAME OF FATHER Jas Brummell

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER Laura Thomas

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country)

14 Informant: James Brummell

(Address) 1139 McElderry St

15 [illegible] 8 1926 C. HAMPSON JONES, M. D. Registrar

Per RKK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1926, to Dec 24, 1926, that I last saw h. alive on Dec 24, 1926, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Lewis Ring, M. D.

12-25, 1926 (Address) 507 Fairmount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — Date of Burial 12/28 1926

20 UNDERTAKER: Byron Wright — ADDRESS 1218 McElderry

Spec.—1-10-21—M&T—1500 Bks.

E 17240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17240

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... ST. 2771 WARD)

2-FULL NAME Clinton Larmore

(a) RESIDENCE NO. 714 Harford Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clementina Larmore

DATE OF BIRTH (month, day, and year) July 15 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	5	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Miller Bros.

(c) Name of employer Restaurant

BIRTHPLACE (city or town) (State or country) Tyaskan, Md.

10 NAME OF FATHER Ebenezer Larmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tyaskan Md

12 MAIDEN NAME OF MOTHER Elephine Whites

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tyaskan Md

Informant Clementina Larmore
(Address) 714 Harford Rd Hamilton

Filed ..... 1926 C. EMERSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-24, 1926, to 12-26, 1926

that I last saw him alive on 12-26, 1926

and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Stanley V. Radaglucca M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 27, 1926
20 UNDERTAKER M. L. John F. Denny	ADDRESS 715 Light St

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~41~~ 17241 ✓ X 32E 17241

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

ITY OF BALTIMORE: (No. ..... ST. 7-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellis Simpsom

(a) RESIDENCE NO. 304 Forrest Rd Spaunors P.O.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1922

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Maryland.

10 NAME OF FATHER Ellis Simpsion

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Edith Eisemann

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

Informant (Address) Records JOHNS HOPKINS HOSPITAL

Filed DEC 28 1926 C. HANSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18. 1926. to Dec. 25. 1926.

that I last saw h[illegible] alive on Dec. 25, 1926,

and that death occurred, on the date stated above, at 9 15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ... yrs. ... mos. 22 ds.

CONTRIBUTORY (Secondary) Tuberculous Arthritis

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis? Tuberculin & X Ray

(Signed) Hugo W. Conrad, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Dec 28 1926
20 UNDERTAKER	ADDRESS
John F. Denny	165 Light St

Spec.—12-9-25—A Co.—200 Bks.

Henry J. Hines

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 ✓

E 17242

CERTIFICATE OF DEATH.

E 17242

1-PLACE OF DEATH

City of BALTIMORE: (No. 108 E. Hayward Ave St. 27-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry J. Hines

(a) RESIDENCE NO. 108 E Hayward Av St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~

7 DATE OF BIRTH (month, day, and year) March 6th 1861

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65	9	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer Am. Machine Corp.

DIRTHPLACE (city or town)_____

(State or country) Emmitsburg Co Md.

10 NAME OF FATHER Edw. J. Hines

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Cecil Co Md.

12 MAIDEN NAME OF MOTHER Eliz. Lawton

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Cecil Co Md.

14 Informant Mrs. Lawton

(Address) 108 E. Hayward Av

15 Filed DEC 28 1926 C. HAMPSON JONES, M. D. Registrar

Per Ret

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec. 27/26

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20 1926, to Dec 27, 1926, that I last saw him alive on Dec. 2, 1926, and that death occurred, on the date stated above, at 12 05 A.M.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

Failing Heart

(Right upper lobe involved)

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ___ yrs. ___ mos. 9 ds.

18 Where was disease contracted

If not at place of death_____

Did an operation precede death? No Date of_____

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) C. Hampson Jones, M. D.

12/28 1926 (Address) 1605 N Monroe Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Magothy A & A Church Cem.	Dec 29 1926
20 UNDERTAKER	**ADDRESS**
John F. Denny	715 Light St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17243

CERTIFICATE OF DEATH.

129

E 17243

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 553 Lanvale St. | 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adeline Davis

(a) RESIDENCE NO. 553 Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb 12 - 1854

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72	10	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto Co.

(State or country) Md

10 NAME OF FATHER Louis Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Co. Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Co. Md

14 Informant Miss E. Jackson

(Address) 553 Lanvale Street

15 Filed DEC 28 1926 CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26

12/26

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1926 to Dec 26, 1926

that I last saw h. alive on Dec 25, 1926

and that death occurred, on the date stated above, at 5 4 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis Nat Kidney

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Physical

What test confirmed diagnosis?

(Signed) John H. Tompkins, M. D.

(Address) 1019 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Crem Date of Burial DEC 28 1926

20 UNDERTAKER Harry W Chase & Son ADDRESS 1400 Madison

...—1-12-23—M&T—500 Bks.

E 17244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17244

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Caroline & Oliver ST., 9-7 WARD)

2-FULL NAME Miss Clara. Grochmal

(a) RESIDENCE NO. Edelwilde York Road. ST., Baltimore. WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 14 yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

f married, widowed, or divorced HUSBAND) of or) WIFE of July 22 - 1901

ATE OF BIRTH (month, day, and year)

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	4	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse. 048

(b) General nature of industry, business, or establishment in which employed (or employer) St. Josephs. Hosp.

(c) Name of employer

IRTHPLACE (city or town) Baltimore Md.
(State or country)

10 NAME OF FATHER James Grochmal.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Anna Marcjinska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

Informant James Grochmal
(Address) Register on Grounds

Filed 1926 19 E. KEMPSON JONES, M. D.
Registrar

8152

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 19 26, to Dec 26, 19 26, that I last saw her alive on Dec 26, 19 26, and that death occurred, on the date stated above, at 9:45 a. m.

The CAUSE OF DEATH* was as follows:

Lethargic Encephalitis

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Clinical.

(Signed) Clement R. Mowell, M. D.

12/27 1926 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	12/30 1926
UNDERTAKER	ADDRESS
Wm Galloway	1618 Eastern Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 17245

CERTIFICATE OF DEATH.

E 17245

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Mens Home St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob H Suter

(a) RESIDENCE NO. 1400 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): April 1, 1848

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	8	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter 50

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Md

(State or country): Harve De Grace

10 NAME OF FATHER: Alexander J Suter

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Havre De Grace Md

12 MAIDEN NAME OF MOTHER: Mary E Miller

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

Informant: M. E Forrest

(Address): 1400 W Lexington Md

Filed Dec 28 1926 C. FAYSON JONES, M. D. Registrar

Per RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct 10 1926, to Dec 27, 1926, that I last saw h..... alive on Dec 26, 1926, and that death occurred, on the date stated above, at 6.35 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulm. Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. H. J. Norwood, M. D.

, 19 (Address) 739 W Fay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Dec 29 1926

20 UNDERTAKER: George J Smith — ADDRESS 1532 Hollins St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17246 CERTIFICATE OF DEATH. E 17246

1-PLACE OF DEATH Beulah Villa Apts 129

CITY OF BALTIMORE: (No. Garrison Blvd and Liberty Heights ST., 15 WARD) REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Johnson

(a) RESIDENCE No. 2012 Edgewood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Gersham D. Johnson

DATE OF BIRTH (month, day, and year) Feb 9 1845

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	10	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Frederick
(State or country) Md

10 NAME OF FATHER George McLehan

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Mary Ann Lambright

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Frederick Md

Informant Charles E. Kimpel
(Address) 2200 Garrison Blvd

Filed DEC 28 1926 19.. C. HARRISON JONES, M. D. Registrar
For R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926, to Dec 28, 1926,
that I last saw her alive on Dec 27, 1926,
and that death occurred, on the date stated above, at 6 45 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis - High blood pressure - myocarditis Nephritis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage + (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter S. Wolff, M. D.

Dec 28 1926 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 31 1926
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

c.—1-12-23—M&T—500 Bks.

17247

HEALTH DEPARTMENT—CITY OF BALTIMORE

17247

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

ITY OF BALTIMORE: (No. ST. 1-4 WARD) 100-0

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Shorna

(a) RESIDENCE NO. 3136 O'Donnell St - ST., City WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) April 3-1926

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		8 mos.	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore. (State or country) Md.

10 NAME OF FATHER Theodore Shorna.

11 BIRTHPLACE OF FATHER (city or town) Austria. (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Jacharko.

13 BIRTHPLACE OF MOTHER (city or town) Austria. (State or country) Poland.

Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

1926 C. HAMPSON JONES, M. D., Registrar.

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1926, to Dec. 27, 1926, that I last saw him alive on Dec. 27, 1926, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray & Phys Exam.

(Signed) I. Ridgeway Trimble, M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. DATE OF BURIAL Dec. 29-1926.

20 UNDERTAKER M. F. Sadowski., ADDRESS 905 S. Ann St

—1-12-23—M&T—500 Bks.

17248

HEALTH DEPARTMENT—CITY OF BALTIMORE

17248

CERTIFICATE OF DEATH.

REGISTERED NO. 13-1162

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 3511 Hickory Ave ST.) (WARD)

2-FULL NAME Edward Doll

(a) RESIDENCE NO. 3511 Hickory Ave ST. WARD

(Usual place of abode)

ngth of residence in city or town where death occurred — yrs. — mos. 6 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	Infant

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Dec 18. 1926

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	6	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) 3511 Hickory Ave Balto. Md.

0 NAME OF FATHER Edward Doll

1 BIRTHPLACE OF FATHER (city or town) (State or country) Texas Maryland.

2 MAIDEN NAME OF MOTHER Mae Doland

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Edward Doll

(Address) 3511 Hickory Ave

Filed 1926 C. HAMPSON JONES, M. D.

By 0898 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 18. 1926, to Dec 24. 1926

that I last saw h alive on Dec 22, 1926

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Alexander Hovey, M. D.

, 19 (Address) 1516 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS DEC 28 1926

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17249 E 17249

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE, (No.) Park Hgts Ave (St.) & Glengyle (Ward) 27 90

Registered No.

2-FULL NAME Park. E Friedlein

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. Park Hgts Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Francis Friedlein

7-DATE OF BIRTH (month, day and year) Nov. 16th 1846

8-AGE. 80 yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer Work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or Country), Baltimore Md

10-NAME OF FATHER, Denice Fisher

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Elizabeth Beasch

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Germany.

(Informant) Amelia Friedlein

(Address) Park Hgts & Glengyle Av.

Filed 1926 C. HAMPSON JONES, M. D. Registrar. Per RPH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 27-26

17-I HEREBY CERTIFY, That I attended deceased from Dec 26 1926 to Dec 27 1926

that I last saw him alive on Dec 27 1926,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insuff

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? None

Did an operation precede death? No Date

Was there an autopsy? Yes Phy. Findings

What test confirmed diagnosis? Clin & Pathomicroscopy

(Signed) Thos G Ashbourne M.D.

19/ (Address) 11 Newburn St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: Dec 30 1926

20-UNDERTAKER: Eschlomann & Son — ADDRESS 1039 Edmondson Ave

Spec.—1-10-21—M&T—1500 Bks.

E 17250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17250

CERTIFICATE OF DEATH

117

1-PLACE OF DEATH Md. Gen. Hospital 13-5

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Mrs Elsie Zimmerman

(a) RESIDENCE NO. 1552 Clifton Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr E. H. Zimmerman

DATE OF BIRTH (month, day, and year) June 27 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	5	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Balto

(State or country)

10 NAME OF FATHER F. Kaufman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Shaffer

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Germany

Informant Mrs E. H. Zimmerman

(Address) 1552 Clifton Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1926

17

I HEREBY CERTIFY, That I attended deceased from 12-26, 1926, to 12-26, 1926

that I last saw her alive on 12-26, 1926

and that death occurred, on the date stated above, at 11½ P m.

The CAUSE OF DEATH* was as follows:

Ruptured gangrenous appendix

..... (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) General Peritonitis

+ Leukemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12-26-26

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Jno A Sampson M. D.

, 19 (Address) 1211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Dec 29 1926
20 UNDERTAKER	ADDRESS
A S Marshall	3539 Fallsway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17251

CERTIFICATE OF DEATH.

168

E 17251

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 5226 Reisterstown Rd. St. 27-W Ward)

2-FULL NAME Frank C. Forester

(a) RESIDENCE NO. 5226 Reisterstown Rd. St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (~~WIFE of~~) Laura Forester

7 DATE OF BIRTH (month, day, and year): Unknown

8 AGE: Years 78 Months Days IF LESS than 1 day ..... hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor. 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto City

(State or country)

10 NAME OF FATHER: Allen Forester

11 BIRTHPLACE OF FATHER (city or town): Balto City

(State or country)

12 MAIDEN NAME OF MOTHER: Ackerman Knowe

13 BIRTHPLACE OF MOTHER (city or town): Ackerman Knowe

(State or country)

14 Informant: Mr. Foster

(Address) 5226 Reisterstown Rd

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. J. Hennessy M. D.

(Coroner)

Dec. 28, 1926 (Address) 2802 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Date of Burial Dec 30 1926

20 UNDERTAKER: A. J. Marshall ADDRESS 353 Fallsway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17252

CERTIFICATE OF DEATH.

113 E 17252

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1209 N. Fremont Ave, St. 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rodgriel Pinson

(a) RESIDENCE NO. 1209 N. Fremont Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: mal.

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Sept. 4—25

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Md.

(State or country)

10 NAME OF FATHER Ralph Pinson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) W. Va.

12 MAIDEN NAME OF MOTHER Gertrude Kelly

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va

14 Informant: Gertrude Pinson

(Address) 1417-11th St. N.W. Washington

15 Filed _____, 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28, 192 4

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dis - Colitis

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) no other history.

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) [illegible] M. D.

(Coroner)

Dec. 29, 1924 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 12/29/1924

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

Cor.—12-9-25—A Co.—200 Bks.

E 17253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

166 E 17253

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital Ward) 92-1

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie Chrisall.

(a) RESIDENCE NO. 814 Hanover St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Married.

6 If married, XXXXXXXXXXXX XXXXXXXX (or) WIFE of George W. Chrisall.

7 DATE OF BIRTH (month, day, and year) January 8, 1870.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	11	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 27

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

10 NAME OF FATHER James O'Connell.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.

(State or country)

14 Informant George W. Chrisall. (husband)

(Address) 11 W. Montgomery St.

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 26, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride of mercury poisoning.
Uraemia, suicide.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Coroner) M. D.

12/27 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death? 814 Hanover St. Dec, 8, 1926

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial Dec 29 1926

20 UNDERTAKER William G. Schaefer ADDRESS 816 Monument

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 17254

E 17254

REGISTERED NO.

PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. St., 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Parker Sr.

(a) RESIDENCE NO. 1635 E. Eager St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Mary Alice Parker

7 DATE OF BIRTH (month, day, and year) 1858

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Necktie Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Maryland

10 NAME OF FATHER Hugh F. Parker

11 BIRTHPLACE OF FATHER (city or town):

(State or country) ?

12 MAIDEN NAME OF MOTHER Maria Miller

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Penn.

14 Informant Records

(Address)

Filed DEC 29 1926 C. FRANCIS JOHNS, M. D. Registrar Per R.H.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28 1926

17 I HEREBY CERTIFY, That I attended deceased from December 18, 1926, to December 28, 1926, that I last saw him alive on December 27, 1926, and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Hypertension

Chronic Interstitial Nephritis ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Lab. Exam

(Signed) E. V. Hooper Smith M. D.

Dec 28 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Greenmount Cem	Dec. 30 1926
20 UNDERTAKER	**ADDRESS**
Wm. J. Tuckner & Sons	N. Y. Pa

Spec.–7-17-26—A Co.—200 Bks.

17255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 49 ✓

E 17255

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Mrs Evelyn Buffington

(a) RESIDENCE NO. Blue Ridge Summit St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. R. Buffington

DATE OF BIRTH (month, day, and year): Dec. 25-1868

7 AGE — Years: 58 — Months: 0 — Days: 3

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Louisville.

(State or country): Ky

10 NAME OF FATHER: Wm J. Burbank

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Va

12 MAIDEN NAME OF MOTHER: Madeline Holt

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Wm. R. Buffington

(Address): Blue Ridge Summit

Filed DEC 29 1926

C. HANSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1926, to Dec 28, 1926

that I last saw h.. alive on Dec 28, 1926

and that death occurred, on the data stated above, at 8 40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

Pyelonephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Data of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) E R Mallet, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Deacon Bridge. Md — Date of Burial: Dec 30 1926

20 UNDERTAKER: Wm J. Tickner & Sons — ADDRESS: N. Y. Pa

...e.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17256 — 49 — E 17256

1-PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...TY OF BALTIMORE: (No. Raymond and Dukeland St. 19 WARD)

2-FULL NAME Charles H. Green

(a) RESIDENCE NO. 1303 Edmondson Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

...ength of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

...EX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

...ATE OF BIRTH (month, day, and year) July 21, 1867

...GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	7	

...CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant Gov't

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

...IRTHPLACE (city or town) (State or country) Alexandria Va

10 NAME OF FATHER James Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Anna Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Mr. Harry S. Green

(Address) 1303 Edmondson Ave

...iled ... 1926 ... H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28 19 26

17 I HEREBY CERTIFY, That I attended deceased from 12/15 , 19 26 , to 12/28 , 19 26

that I last saw him alive on 12/28 , 19 26 ,

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

(duration) 10 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Benjamin Miller M. D.

... 19 (Address) U. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Alexandria Va	Dec 30 1926
20 UNDERTAKER: Wm J Tickner & Sons	ADDRESS: North St Va

Spec.—12-9-25—A Co.—200 Blks.

E 17257

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 17257

CERTIFICATE OF DEATH.

1-PLACE OF DEATH M. Hospital

City of BALTIMORE: (No. _____ S. 27-6 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Smith

(a) RESIDENCE NO. Smith Ave. nr. Washington Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word)

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 4-1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

BIRTHPLACE (city or town) Mt Washington

(State or country) Maryland

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Annie Wolfenden

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant George Smith

(Address) Smith Ave Mt Washington

Filed [illegible] C. HANSON JONES, M. D. Registrar

9 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1926 to Dec 27, 1926

that I last saw her alive on Dec 27, 1926

and that death occurred, on the date stated above, at 5:10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Sterling, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial 12/29 1926

20 UNDERTAKER Franklin W Seitz ADDRESS 709 W 33rd St

Cor.—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17258

E 17258

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 432 N. Durham St. 6-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie E. Brown

(a) RESIDENCE NO. 432 N. Durham St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: single

7 DATE OF BIRTH (month, day, and year): Nov 3/1924

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town):

(State or country) Middlesex Co., Va.

10 NAME OF FATHER Gaston T. Brown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va.

12 MAIDEN NAME OF MOTHER Maggie B. Nelson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va.

14 Informant: Maggie B. Brown

(Address) 432 N. Durham St

15 Filed 12 9 1926 C. Edward JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Bolen M. D.

(Coroner)

12/28/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial: Cathay Cemetery 12/29/26

20 UNDERTAKER: Mrs. A. G. Elliott ADDRESS: 1725 Ashland Ave

c.—1-12-26—M&T—500 Bks.

8624

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-002

E 17259

CERTIFICATE OF DEATH.

E 17259

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Ellsworth Henderson

(a) RESIDENCE NO. 903 Shuster ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifk yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	

If married, widowed, or divorced
HUSBAND of
or) WIFE of

ATE OF BIRTH (month, day, and year) Aug. 5 - 1925

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	16 4	22	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Balto.
(State or country)

10 NAME OF FATHER Jas Henderson

11 BIRTHPLACE OF FATHER (city or town) N. Car
(State or country)

12 MAIDEN NAME OF MOTHER Julia Hayes

13 BIRTHPLACE OF MOTHER (city or town) N. Car
(State or country)

Informant Reads.
(Address)

JOHNS HOPKINS HOSPITAL

Filed DEC 29 1926 EMERSON JONES, M. D.
Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1926, to Dec 27, 1926, that I last saw h alive on Dec 27, 1926, and that death occurred, on the date stated above, at 2.20 a. m.

The CAUSE OF DEATH* was as follows:

Lung abscess
dysentery, bacillary
(duration) ..... yrs. ..... mos 14 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia
(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Thomas W Comaras, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arbury Cemetery	12/29/26
UNDERTAKER	ADDRESS
Wm H. Elliott	1725 Oakland Ave

c.—1-12-23—M&T—500 Bks.

'E 17260

HEALTH DEPARTMENT—CITY OF BALTIMORE

'E 17260

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH Union Memorial Hospital 8-4 REGISTERED NO.

TY OF BALTIMORE: (No. 33rd & Calvert ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elmer Kahlert (Irene G.)

(a) RESIDENCE NO. 1602 Highley Place City ST., WARD

(Usual place of abode) Lif Hahlert

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

married, widowed, or divorced

(or) WIFE of Elmer Kahlert

ATE OF BIRTH (month, day, and year) Feb 23, 1911

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	10	4	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer): Dry

(c) Name of employer

RTHPLACE (city or town) (State or country): Maryland.

0 NAME OF FATHER Andrew Eikenberry

1 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

2 MAIDEN NAME OF MOTHER Grace King

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant Grace Kahlert

(Address) 1602 Highley Place

C. HAMPSON JONES, M. D.

9 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 9, 1926, to Dec 27, 1926

that I last saw h[illegible] alive on Dec 27, 1926

and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Peritonitis, Septic

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) H. D. Hamilton, M. D.

, 19 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: 12/30, 1926

20 UNDERTAKER: Wm. Cook

ADDRESS: 502 E. Monument Ave

Cor.—12-9-25—A Co.—200 Bks.

Ulysses G Sauerwald.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17261

CERTIFICATE OF DEATH.

90

E 17261

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital 76-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ulysses G. Sauerwald

(a) RESIDENCE NO. O'Donnell St 23d St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sauerwald

7 DATE OF BIRTH (month, day, and year) 1870

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. C Reis

9 BIRTHPLACE (city or town)

(State or country) Balto Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant Peter C Reis

(Address) Connecticut Ave & L.

Filed 12-9 1926 Edgar Jones M D

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Adams Stokes Syndrome

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton, M. D. (Coroner)

12 28 1926 (Address) York & Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schnepp Date of Burial 12 30 1926

20 UNDERTAKER J. H. Cook ADDRESS Govanstown

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17262

CERTIFICATE OF DEATH.

38 E 17262

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Hiob

(a) RESIDENCE NO. Biltmore Hotel, Balto. St. Md. Ward

(Usual place of abode) Li

Length of residence in city or town where death occurred H yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
male	white	married

a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Nellie Hiob

6 DATE OF BIRTH (month, day, and year) July 18/1902

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	24	5	14 9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrotyper

(b) General nature of industry, business, or establishment in which employed (or employer) (recently Chaffeur Taxi Co.)

(c) Name of employer 023

BIRTHPLACE (city or town)

(State or country) Balto., Md.

10 NAME OF FATHER Charles C. Hiob

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Katherine A. Kampe

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Mrs. James Dunn (sister)

(Address) 2406 Greenmount Ave.

15 Filed DEC 9 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Subarachnoid Hemorrhage at base of brain.
(Autopsy at Hopkins Hospital)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) As yet undetermined

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Paul M. D.
(Coroner)

12/28/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial 12/30/1926

20 UNDERTAKER Wilkinson Co. ADDRESS E-502 E. North Ave

Spec.—1-10-21—M&T—1500 Bks.

17263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-91

E 17263

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hosp. (St.) 14-W (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Walek

(a) RESIDENCE NO. 1503 Madison Ave (St.) City. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Walek.

DATE OF BIRTH (month, day, and year) June 2, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) England

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anne E Sadler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant John Walek.

(Address) 1503 Madison Ave

Filed 12 29 1926 C. HANSON JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-26, 1926, to 12-28, 1926, that I last saw him alive on 12-28, 1926, and that death occurred, on the date stated above, at 5:25 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) J. Theron Hunter, M. D.

12/28, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ten Cathedral	12/31, 19
20 UNDERTAKER	ADDRESS
J. H. Cook	1008 Hollins

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17264

129 ✓ E 17264

1-PLACE OF DEATH

City of BALTIMORE: (No. 1226 W Pratt St 18-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilfred J. Dwyer

(a) RESIDENCE NO. 1226 W Pratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3-1882

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	44	1	24	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hatter

(b) General nature of industry, business, or establishment in which employed (or employer) Stevens 886

(c) Name of employer

8 BIRTHPLACE (city or town) Balto

(State or country)

10 NAME OF FATHER Austin Dwyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Carnella Boyd

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant Harry A Mahaney

(Address) 1226 W Pratt St

Filed ..... 19 ..... FRANCIS C. JONES, M. D.

DEC 29 1926 Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/26 19

17

I HEREBY CERTIFY, That I attended deceased from 12/24/26, 19.., to 12/27/26, 19....,

that I last saw h.. alive on 12/26/26, 19....,

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Mitral Regurg.

Chronic Nephritis

(duration) about yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard J. Tenny, M. D.

12/29/1926 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

New Cathedral Dec 30 1926

20 UNDERTAKER — ADDRESS

Wm Fields 1200 W Lombard

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17265

CERTIFICATE OF DEATH.

90

E 17265

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. _____ St., 26-1 Ward)

2-FULL NAME William F. Baldwin

(a) RESIDENCE NO. Jessups - Maryland St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1843

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	83			

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town)
(State or country) Maryland

10 NAME OF FATHER James F. Baldwin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant
(Address)

15 Filed 12 9 1926 C. HAMPSON JONES, M. D. Registrar
By R L

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23 1926

17 I HEREBY CERTIFY, That I attended deceased from December 13, 1926, to December 23, 1926, that I last saw him alive on December 23, 1926, and that death occurred, on the date stated above, at 11 15 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis
Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? General Laboratory
(Signed) C E Hooper Smith, M. D.
Dec 29 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Millvale A. A. Co. Date of Burial Dec 29 1926

20 UNDERTAKER L Hopping ADDRESS Annapolis Md

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

38 E 17266

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
17266
City of BALTIMORE: (No. 628 N. Dallas St., 7-1 Ward)

2-FULL NAME Bessie Carter

(a) RESIDENCE NO. 628 N. Dallas St._____ Ward_____
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Carter

DATE OF BIRTH (month, day, and year): 1876

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 03
(c) Name of employer

BIRTHPLACE (city or town): Md
(State or country)

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town): Unk
(State or country)

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town): Unk
(State or country)

14 Informant: Henry Carter
(Address): 628 N. Dallas

Dec 29 1926 HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Dec 26, 1926, that I last saw him alive on Dec 26, 1926, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. 6 mos. yrs.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical

(Signed) Geo Kelly, M. D.

Dec 27 1926 (Address) 508 Fremont St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel — Date of Burial: Dec 29 1926

20 UNDERTAKER: John W Henderson — ADDRESS 1002 E Monument

Spec. 3-1-10-21—M.&T.—1500 Blks.

E 17267

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17267

41

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Myrtle ave 4-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Edward Thomas

(a) RESIDENCE NO. 307 Myrtle ave ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith Johnson Thomas

DATE OF BIRTH (month, day, and year): April 20, 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	8	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Automobile?

(c) Name of employer: Mr Williamson

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Frank Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Co. Md

12 MAIDEN NAME OF MOTHER: Lydia E Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Co. Md

Informant: Frank G Thomas

(Address): Vineland Ave

Filed DEC 29 1926

C. EARNEST JONES, M. D. Registrar

RRA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1926, to Dec 26, 1926, that I last saw him alive on Dec 26, 1926, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Septicaemia (Mouth Abscess)

Contributed to by Bronchial Pneumonia (duration) 1 yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Nephritis acute (duration) ... yrs. mos. 7? ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of Dec 21, 1926

Was there an autopsy? No Pm

What test confirmed diagnosis? Pm and

(Signed) William H Thweatt, M. D.

Dec 26, 1926 (Address) 209 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Dec 29 1926

20 UNDERTAKER: Mrs Jas. N. Dennis Jas T. E. Nelson.

ADDRESS: 1303 Presstman St

pec.—1-10-21—M&T—1500 Bks.

E 17268 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17268

CERTIFICATE OF DEATH. 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Mt Elderry ST., 7-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D. Borchert[illegible]

(a) RESIDENCE No. 3022 Mt Elderry ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Hahn

DATE OF BIRTH (month, day, and year) May 10 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Solicitor. 011

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Henry G Borcherding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Brower

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Minnie Borcherding

(Address) 3022 Mt Elderry Rd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan , 1915 , to Dec. 27 , 1926 .

that I last saw h[illegible] alive on Dec 27 , 1926 .

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Chron Interstitial Nephritis

(duration) 11 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) H C Hahn M. D.

(Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Dec 30 1926

20 UNDERTAKER John Lucid

ADDRESS 2008 Aliceanna

29 1926 C. HAMPSON JONES, M. D. Registrar

Per

c.—1-12-23—M&T—500 Bks.

E 17269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

74-04

E 17269

REGISTERED No. ?

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 637 St. Ann's Avenue ST., 9-4 WARD)

2-FULL NAME Joseph Henry McNally

(a) RESIDENCE No. 637 St. Ann's Avenue ST., WARD Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? 64 yrs. 0 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ella McNally

DATE OF BIRTH (month, day, and year) Dec-24-1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	64	0	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work City Labor

(b) General nature of industry, business, or establishment in which employed (or employer) City of Baltimore

(c) Name of employer City of Baltimore

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER John McNally

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

Informant Mrs. Ella McNally (wife)

(Address) 637 St. Ann's Avenue

Filed DEC 29 1926 19 C. EARLSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 27 1926 19

17

I HEREBY CERTIFY, That I attended deceased from DEC 20 1926, 19 to DEC 27 1926, 19,

that I last saw h alive on DEC 27 1926, 19,

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) X yrs. X mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At House Death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) V. H. Dukes, M. D.

, 19 (Address) 928-6 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincent's Cemetery	Dec-30-26, 19
20 UNDERTAKER STEWART & MOWEN COMPANY (WILLIAM F. WOODEN, Successor)	ADDRESS 108 W. NORTH AVE.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17270 — 1-PLACE OF DEATH

124 E 17270 — REGISTERED NO.

City of BALTIMORE: (No. 1302 Laurens St. 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Scott

(a) RESIDENCE NO. 1302 Laurens St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertie Scott

DATE OF BIRTH (month, day, and year): Aug. 1889

7 AGE — Years: 37 — Months: 4 — Days: 0 — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town): Virginia

(State or country): Amelia Co.

10 NAME OF FATHER: Albert Scott

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Sallie Worsell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Virginia

14 Informant: Betsy Scott

(Address): 302 Bonaud

Filed 12 9 1926

C. HANSON JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12 — 28 — 26

17 I HEREBY CERTIFY, That I attended deceased from 12-14-, 1926, to 12-28, 1926, that I last saw him alive on 12-28, 1926, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) ... yrs. 14 days ds.

CONTRIBUTORY (Secondary): nephritis

Unknown (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Frank R. Saunders, M. D.

, 19 (Address) 1029 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Petersburg Va — Date of Burial: Dec 30 1926

20 UNDERTAKER: Clarence E. Wright — ADDRESS: 364 Main

c.—1-12-23—M&T—500 Bks.

Edgar L. Fromm

HEALTH DEPARTMENT—CITY OF BALTIMORE

17271

CERTIFICATE OF DEATH.

40 E 17271

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1054 N Bgr... ST., 21-3 WARD)

2-FULL NAME Edgar L Fromm

(a) RESIDENCE NO. 1054 N [illegible] ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Male

COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Dec 20 1910

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16		6	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country): Maryland

0 NAME OF FATHER: William Fromm

1 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

2 MAIDEN NAME OF MOTHER: Ella Wagner

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: William Fromm

(Address) 1054 N Bgr...

Filed 9 1926 19 C. EARNSON JONES, Registrar

Per EKA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1926, to Dec 26, 1926, that I last saw h... alive on Dec 26, 1926, and that death occurred, on the date stated above, at 5 [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Signs & Symptoms

(Signed) [illegible], M. D.

(Address) 54 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 12/29/26

20 UNDERTAKER: Pumphrey Turley Fulton & Tayston

ADDRESS

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17272

E 17272

CERTIFICATE OF DEATH

31

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Colonial Hospital St. 14-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Wilson

(a) RESIDENCE NO. 1529 Laurens St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: negro

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 6- 1896

7 AGE 30 Years 7 Months 21 Days

IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 086

(b) General nature of industry, business, or establishment in which employed (or employer) Invalid Soldier

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Slaton Wilson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Jenny Venable

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Virginia Wilson

(Address) 529 Laurens st

15 Filed DEC 29 1926 19

C. HAMPSON JONES, M. D.

By R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

12-28-26

17 I HEREBY CERTIFY, That I attended deceased from 12-27, 1926, to 12-28, 1926,

that I last saw him alive on 12-28, 1926,

and that death occurred, on the date stated above, at 1.05 p m.

The CAUSE OF DEATH* was as follows:

Acute Broncho-pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) J. Fiulla M.D., M. D.

(Address) 1122 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

Date of Burial: 12-30 19 26

20 UNDERTAKER: Geo. H. Gibson

ADDRESS: 1733 Riggs Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 17273

F 17273

1 PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 3317 Elmora Ave St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Eckert

(a) RESIDENCE NO. 3317 Elmora Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of the late Anna M. Eckert.

6 DATE OF BIRTH (month, day, and year) Not stated

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	63	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shipping clerk for
(b) General nature of industry, business, or establishment in which employed (or employer) L. Benesch Sons
(c) Name of employer 009

9 BIRTHPLACE (city or town)
(State or country) Pa.

PARENTS

10 NAME OF FATHER Jeff. Vincent Eckert.

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Pa

12 MAIDEN NAME OF MOTHER Henrietta Felty

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pa.

14 Informant Mrs. Mary R. Greer
(Address) 3317 Elmora Ave

Filed DEC 29 1926 19 C. HAMPSON JONES, M. D. Registrar
Per A.R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1926, to Dec 27, 1926, that I last saw him alive on Dec 27, 1926, and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Robert L Green, M. D.

12-28. 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Greenmount Cemetery DEC 31 1926

20 UNDERTAKER — ADDRESS

Henry Hoeck Son 1301 E Eager

Spec.–7-17-26—A Co.—200 Bks.

17274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90 E 17274

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1018 N. Central Ave St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Neuner

(a) RESIDENCE NO. 1018 N. Central Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of (or WIFE of) the late Mary E. Neuner

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE — Years: 81 — Months: — — Days: — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 013

(b) General nature of industry, business, or establishment in which employed (or employer): Butcher

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mr. Nicholas H. Neuner

(Address) 1361 Lanvale Ave

15 Filed DEC 29 1926 C. HAMPSON JONES Registrar M. D.

RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 ....., 1926, to December 25, 1926, that I last saw him alive on Dec 27, 1926, and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:

Old age

Valvular disease of the heart (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Valvular disease of heart

Bronchitis (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. Young Whittington, M. D.

Dec 29 1926 (Address) 1618 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: Dec 30 1926

20 UNDERTAKER: Henry Hoeck Son — ADDRESS: 1301 E Eager St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17275

E 17275

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mollie Schlossberg

(a) RESIDENCE NO. 2605 Garrison Av. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Joe Schlossberg

7 DATE OF BIRTH (month, day, and year) Dec 10 - 1874

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52		18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

10 NAME OF FATHER Abraham Chait

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant (Address) Jos Schlossberg 2605 Garrison Ave

FILED OCT 29 1926 C. KARL REITZ, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28 19 26

17 I HEREBY CERTIFY, That I attended deceased from 12/1, 19 26, to 12/28, 19 26, that I last saw h-- alive on 12/28, 19 26, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Malignant papilloma of the ovary!!

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/11/26

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Charles Jacobs M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herrun Rum — Date of Burial 10/30/1926

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17276

CERTIFICATE OF DEATH.

31 E 17276

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 5288 Lucelwood St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry J. Hullet

(a) RESIDENCE NO. 5288 Lucelwood St. 20th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? ——yrs.—— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ——

7 DATE OF BIRTH (month, day, and year) Sept 15th 1905

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	21	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md

10 NAME OF FATHER Theodore J. Hullet

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Klein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore City, Md

14 Informant Bertha E. Hullet

(Address) 5288 Lucelwood St

15 Filed DEC 29 1926

C. EARLSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 26, 1926, that I last saw him alive on Dec 26, 1926, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ——yrs. ——mos. ——ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema & Myocarditis (duration) ——yrs. ——mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ——Date of ——

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert E. Abell, M. D.

12/29, 1926 (Address) 2457 Hoffman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Dec 29th 1926

20 UNDERTAKER: J. B. Hufnagel — ADDRESS: 1850 N. Bond

Cor.—1-12-23—M&T—100 Bks.

Gonnsen.

E 17277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2-001 E 17277

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) 3138 Chestnut ST. (13-1 WARD)

2-FULL NAME Carl C. Gonnsen

(a) RESIDENCE NO. 3138 Chestnut ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word)

W. | W. | Married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Marie Gonnsen

DATE OF BIRTH (month, day, and year) 7-7-57

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	5	19	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 034
Name of employer

BIRTHPLACE (city or town) (State or country) Germany

NAME OF FATHER Carl Gonnsen

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Hackmeier

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mrs. Linda Zinsser 3136 Chestnut ave

DEC 29 1926 HAMILTON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Chas. H. Gorsuch, M. D. (Coroner.)

12-27, 1926 (Address) 763 Portland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Dec 29 1926
20 UNDERTAKER Robt J Turner Sons	ADDRESS 1447 Broadway

Spec.—1-10-21—M&T—1500 Blks.

17278 HEALTH DEPARTMENT—CITY OF BALTIMORE 17278

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hospital for the Women of Md. REGISTERED NO. .....

CITY OF BALTIMORE: (No. ..... ST., 157 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ella Cumine

(a) RESIDENCE NO. 1722 Longwood ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) Dec. 7, 1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64		0	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John Cumine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sara Rucklea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs Laura Jones

(Address) 1722 Longwood St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1926, to Dec. 28, 1926, that I last saw h alive on Dec. 28, 1926, and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinomatosis

(duration) ..... yrs. 3 mos 10 ds.

CONTRIBUTORY (Secondary) None none

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug. 6, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical microscopy.

(Signed) Wm. W Lum, M. D.

. 19 (Address) Womens Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Locust Grove Cemetery	Dec 31 1926
20 UNDERTAKER Carrol Combs	ADDRESS 1343 Broadway

Filed DEC 29 1926 RALPH JONES, M. D. Registrar

By

or.—1-12-23—M&T—100 Bks.

E 17279 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17279

CERTIFICATE OF DEATH.

118-0

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

TY OF BALTIMORE: (No. 2549 Madison ST., 13-6 WARD)

2-FULL NAME Heloin Pries.

(a) RESIDENCE NO 2549 Madison ST., 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

K | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word)

ale | Colred | Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) [illegible] 1906

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	2		

CUPATION OF DECEASED
Trade, profession or
rticular kind of work School boy
General nature of industry,
siness, or establishment in
hich employed (or employer)
Name of employer

THPLACE (city or town) Balto
te or country) Md.

NAME OF FATHER Joseph Pries

BIRTHPLACE OF FATHER (city or town) Va
State or country)

MAIDEN NAME OF MOTHER Anne Chandler

BIRTHPLACE OF MOTHER (city or town) md
State or country)

formant Jos Pries
ddress) 2549 madison

9 1926 C. EARNEST JONES, M. D.
Registrar
Per C.R.K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest, au-
[illegible] find that said deceased came to death
(topsy or inquiry)
on the day stated above.

The CAUSE OF DEATH* was as ~~follows~~:

Obstruction of bowel

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY
(Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) [signature], M. D.
(Coroner.)
12/26, 192 6 (Address) 7622 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Dec 29 192 6
20 UNDERTAKER	ADDRESS 1027 Hanover
Wm H Troadwell	

Spec.-7-17-26—A Co.—200 Bks.

4.50 P.M.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001 2 12

E 17280

CERTIFICATE OF DEATH

E 17280

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 209 N. Castle St. 6-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma M. Haase

(a) RESIDENCE NO. 209 N. Castle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ~~yrs.~~ life ~~mos.~~ ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, ~~Married, Widowed,~~ or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): July 4, 1887

7 AGE — Years: 39 — Months: 5 — Days: 23 — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Haase

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Hilsberg

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md.

14 Informant: Emma Edwards (sister)

(Address): Essex Md.

15 Filed ~~DEC~~ 29 1926 ~~C. HARRISON JONES~~ Registrar

By RRL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1926, to Dec 26, 1926

that I last saw her alive on Dec 26, 1926

and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5-6 ds.

CONTRIBUTORY (Secondary): Heart failure Pulmonary Edema

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 209 N Castle

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thos Kelly Jr. M. D.

12/28, 1926 (Address) 110 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Immanuel Cem.

Date of Burial: Dec 30 1926

20 UNDERTAKER: John J. Connolly

ADDRESS: Essex

Cor.—12-9-25—A Co.—200 Bks.

E 17281 HEALTH DEPARTMENT—CITY OF BALTIMORE

128 E 17281

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 250 N. Arlington Ave St., 18 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry G. Smith

(a) RESIDENCE NO. 250 N. Arlington Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col'd	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Smith

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	45	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto.

(State or country)

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Norris

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Marion Smith

(Address) 250 N. Arlington Ave

15 Filed DEC 29 1926 C. FAYSON JONES Registrar

By RRA

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by me (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) H. B. Fortt M. D.

Dec 26 1926 (Address) Curtis Bay. (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial Dec 29 1926

20 UNDERTAKER Chas. H. Chase & Son ADDRESS 1400 Mosher

Rec. 6-9-19 H. P. Co.—1000 Blks.

E 17282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17282

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2111 Division St ST., 11-1 WARD)

2-FULL NAME Thurman N. Gantt

(a) RESIDENCE. No. 2111 Division St ST., ... WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 7-25-1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student (High School)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Thurman Gantt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Theodore Gantt

(Address) 2111 Division St

Filed DEC 29 1926 Per C. M. JONES, CLERK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25-1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1926, to Dec 25, 1926, that I last saw him alive on Dec 25, 1926, and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Marcellus E. Toney, M. D.

12-27-1926 (Address) 1745 N Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Dec 29 1926
20 UNDERTAKER	ADDRESS
Thos. W. Chase & Son	1400 Mosher

Spec.—12-9-25—A Co.—200 Bks.

Wich

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17283

CERTIFICATE OF DEATH.

4th E 17283

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 16-W Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha E Wicks

(a) RESIDENCE NO. 604 Hilton St, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Wich

7 DATE OF BIRTH (month, day, and year) Apr 23 1855

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	71	8	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Balto. Md

10 NAME OF FATHER Henry Ackerman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Ackerman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant May Vogel

(Address) 604 Hilton Ave

15 Date received DEC 29 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1926, to Dec 26, 1926, that I last saw h.. alive on Dec 28, 1926, and that death occurred, on the date stated above, at 1.25 p.m.

The CAUSE OF DEATH* was as follows:

Hepatic Obstruction, Cirr.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 12/24/26

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Nolte, M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial Dec 30 1926

20 UNDERTAKER Wm. Mrs. John W. Teufel & Son — ADDRESS 601 W. Fayette

C. HANSON JONES, M. D.

Per

Spec.—12-9-25—A Co.—200 Blks.

E 17284

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-002

E 17284

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 722 Harford Ave St. 10-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Jackson Robinson

(a) RESIDENCE NO. 722 Harford Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
f	C	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rome Robinson

7 DATE OF BIRTH (month, day, and year) July 4, 84

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	42	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unk

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unk

14 Informant Elizabeth Hardy

(Address) 722 Harford Ave

1926 C. HAMPSON JONES, M. D. Registrar

Per CRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 5, 1926, to Dec 28, 1926, that I last saw him alive on Dec 28, 1926, and that death occurred, on the date stated above, at 12 20 p m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Emphysemia

(duration) yrs. 1 mos. 23 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

Dec 28 1926 (Address) 508 Somerset St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial Dec 31 1926

20 UNDERTAKER Edward Bryon ADDRESS 1631 Orleans St

Cor.—12-9-25—A Co.—200 Bks.

(Obie James)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17285

CERTIFICATE OF DEATH.

+198 E 17285

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 532 Gilmor St 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Obie James

(a) RESIDENCE NO. ~~Same~~ Richmond Va. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) not known 1895

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) not known

(c) Name of employer

BIRTHPLACE (city or town) Va

(State or country)

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) not known

14 Informant W. A. Price

(Address) Richmond Va

15 Date 1926 C. HAMPSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 192 5

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

Stab wound R. side of Chest

Hemorrhage left lung (lower)

(duration) .....yrs. .....mos. .....ds.

CONTRIBITORY (Secondary)

(duration) 10 yrs. .....mos. .....ds.

(Signed) Samuel A Wilson M. D.

(Coroner)

, 19 25 (Address) 3325 Pattee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va Date of Burial 12/28/1925

20 UNDERTAKER Samuel A Stewart ADDRESS 538 N Eddy

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17286

CERTIFICATE OF DEATH.

129 E 17286

1-PLACE OF DEATH Mercy Hospital

REGISTERED NO._____

City of BALTIMORE: (No._____ St._____ Ward) 83

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eli Smith

(a) RESIDENCE NO. 124 Balt St, St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Black	

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1881

AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
45	X	X	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work..... 087

(b) General nature of indnsiry, business, or establishment in which employed (or employer).....

(c) Name of employer

BIRTHPLACE (city or town).....

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town).....

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country)

14 Informant.....

(Address)

1926 C. HANSON JONES M. D. Registrar

Per 0898 LRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1926 to Dec 26, 1926

that I last saw h.. alive on Dec 26, 1926

and that death occurred, on the date stated above, at 12 9, m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis —

Mitral Insufficiency

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D Guthe, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
JOHNS HOPKINS HOSPITAL	
20 UNDERTAKER	ADDRESS
Commissioner Health	

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17287

E 17287

CERTIFICATE OF DEATH.

40

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. (or) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Scott Dudley

(a) RESIDENCE NO. 2005 Etting St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			26 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Junius Dudley

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Arlean Scott

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

Informant Arlean Dudley
(Address) 2005 Etting St.

Filed 9 1926 C. HAMPSON JONES, M. D. Registrar
Per 0890 BKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1926, to Dec 27, 1926, that I last saw h alive on Dec 27, 1926 and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Gonorrheal Ophthalmia

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Myron G. Tuck M. D.

12/28 1926 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17288

E 17288

CERTIFICATE OF DEATH.

161-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 449 Orchard ST. 17th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Nollie

(a) RESIDENCE NO. 449 Orchard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 12-25-26

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Anthony Reynold Nollie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mabel Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

4 Informant

(Address) JOHNS HOPKINS HOSPITAL

5 Filed DEC 28 1926

C. KAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-25, 1926, to 12-27, 1926, that I last saw her alive on 12-26, 1926, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital Atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ernest Dodge, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health DEC 28 1926

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17289

CERTIFICATE OF DEATH.

X ++E 17289

1-PLACE OF DEATH University Hospital

ITY OF BALTIMORE: (No. Lombard & Greene St., 11-1 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Wlie

(a) RESIDENCE NO. Alberton MD ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of or) WIFE of Madge Wlie

DATE OF BIRTH (month, day, and year) 1872

AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	54			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Bohemia
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant .....
(Address) .....

Filed 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-25, 1926, to 12-24, 1926,

that I last saw him alive on 12-24, 1926,

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach & extension & metastases

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary metastases

(duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Wm C Fowler M. D.

12/28, 1926 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19 .....

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health

DEC 28 192

ec.—1-12-23—M&T—500 Bks.

E 17290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17290

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... ST. 14-1 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Schoenfeld

(a) RESIDENCE No. St. Vincents Inf. Asylum ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	S

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) 1923

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) .....
(State or country)

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

4 Informant —
(Address)

5 Filed ....., 19.....

C. HANSON JONES, M. D.
Registrar

9 1926 Per 0503

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/17/26, 19..., to 12/26/26, 19...

that I last saw her alive on 12/25/26, 19...

and that death occurred, on the date stated above, at 8:30 a m.

The CAUSE OF DEATH* was as follows: Toxemia.
Lobar Pneumonia
Pyopneumothorax, x-ray
otitis media

(duration) ..... yrs. ..... mos 7(?) ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 12/18/26
for empyema.

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) J.S. Winstead, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER Commissioner Health	ADDRESS

UNIVERSITY OF MARYLAND
DEC 28 1926

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17291

CERTIFICATE OF DEATH.

75-00 E 17291

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N. Bruce ST. 19-1 WARD)

2-FULL NAME Nancy Burns

(a) RESIDENCE NO. 327 N. Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Steven Burns

6 DATE OF BIRTH (month, day, and year) 1858??

7 AGE: 68

Years	Months	Days	If LESS than 1 day, ...hrs. or min.
68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 327 Bruce St

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Accomac Co Va

PARENTS

10 NAME OF FATHER: Parker West

11 BIRTHPLACE OF FATHER (city or town) (State or country): Accomac Co. Va.

12 MAIDEN NAME OF MOTHER: Mary Langford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Accomac Co Va

14 Informant: Kate Kellum

(Address) 327 Bruce St

15 Filed 1926 C. RAWSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1926, to Dec 26, 1926, that I last saw her alive on Dec 24, 1926, and that death occurred, on the date stated above, at 12,25 P m.

The CAUSE OF DEATH* was as follows:

Hemeplegia left Side Brain

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteno Selerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm A Wright, M. D.

Dec 26, 1926 (Address) 1204 Passeman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn

DATE OF BURIAL: 12-30 1926

20 UNDERTAKER: Joseph A Lively

ADDRESS: 409 N Mount St

7

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17292

CERTIFICATE OF DEATH.

46 E 17292

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospl St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Williams

(a) RESIDENCE NO. 1635 W. Franklin St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. | 4 Color or Race: Col | 5 Single, Married, Widowed, or Divorced. (Write the word): Widow Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec, 15 1894

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	32		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town): Va -

(State or country)

PARENTS

10 NAME OF FATHER Charles Jones

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va -

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Mrs D Hank

(Address) 1625 Franklin st

1926 C. HANSON JONES, M. D. Registrar

Per CRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Dec. 27, 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11 1926, to Dec. 27, 1926

that I last saw h[illegible] alive on Dec. 27, 1926

and that death occurred, on the date stated above, at 6 58 p. m.

The CAUSE OF DEATH* was as follows: Edocarditis & Coma

Contributory mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — Date of Burial 12-31 1926

20 UNDERTAKER: Joseph A Lively — ADDRESS 409 m Mount st

...—1-12-23—M&T—500 Blks.

17293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17293

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 608 S 15th ST., 76-7 161-001 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mc Cann

(a) RESIDENCE NO. 608 S 15 ST., WARD

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Dec 28-76

GE	Years	Months	Days	If LESS than 1 day, hrs or min.
	—	—	—	0 hrs 30 min.

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

RTHPLACE (city or town) Baltimore - Md
State or country)

NAME OF FATHER John James Mc Cann

BIRTHPLACE OF FATHER (city or town) Cumbee Co
(State or country)

MAIDEN NAME OF MOTHER Estella Hamilton Eastman

BIRTHPLACE OF MOTHER (city or town) Ontario Co
(State or country)

Informant Jas James Mc Cann
(Address) 608 S 15

Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1926

17

I HEREBY CERTIFY, That I attended deceased from December 28, 1926, to Dec. 28, 1926,

that I last saw h alive on Dec. 28, 1926,

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Right

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris J. Schendlinger, M. D.

19 (Address) 415 14 Eastern Ave - City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Dec. 29th 1926.

20 UNDERTAKER Lelly & Zeiler ADDRESS 403 S. Wolfe St.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17294

CERTIFICATE OF DEATH.

E 17294

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 2908 Wallbrook Ave Ward) 15-74

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Ann Bartholow

(a) RESIDENCE NO 2908 Wallbrook Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7 DATE OF BIRTH (month, day, and year) June 9-1851

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	75	6	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co Md.

(State or country)

10 NAME OF FATHER Thomas Jordon

11 BIRTHPLACE OF FATHER (city or town) Carroll Co Md.

(State or country)

12 MAIDEN NAME OF MOTHER Cameron

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co Md

(State or country)

14 Informant Beulah Burtholow

(Address) 2908 Wallbrook Ave

15 Filed 1926 By _____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Dec. 27, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral hemorrhage

(duration) yrs. mos. 1 ds.

(Signed) J. T. Hennessy, M. D. (Coroner)

(Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gambrills Burial Park Md Date of Burial Dec 30 1926

20 UNDERTAKER M E Gusson ADDRESS 841 N 37th St.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17295

CERTIFICATE OF DEATH

23 E 17295

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Colonial Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Chandler

(a) RESIDENCE NO. 616 Dolphin St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE 27 Years Months Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina

(State or country)

PARENTS

10 NAME OF FATHER John Chandler

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N C

12 MAIDEN NAME OF MOTHER Alice Brown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N C

14 Informant Frank Chandler

(Address) 616 Dolphin St

15 Filed 1926 C. HAMPSON JONES, M. D. Registrar

Per CRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28, 1926. 19

17 I HEREBY CERTIFY, That I attended deceased from 12-20, 1926, to 12-28-, 1926,

that I last saw him alive on 12-28-26, 19

and that death occurred, on the date stated above, at 8 15 m.

The CAUSE OF DEATH* was as follows:

Encephalitis (Acute)

(duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Protein deficiency

(duration) 1 yrs. mos. da.

18 Where was disease contracted

if not at place of death? 616 Dolphin St

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) J. Hulla M.D. M. D.

, 19 (Address) 1122 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown Md

Date of Burial Dec 29-1926

20 UNDERTAKER Raine Eaton

ADDRESS Home

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17296

CERTIFICATE OF DEATH.

100-001

E 17296

1-PLACE OF DEATH

City of BALTIMORE: (No. 801 Plum St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Naomi Newsom

(a) Residence No. 801 Plum St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Fe

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day and year) July 1 1926

AGE. yrs. 5 mos. 27 ds.

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or Country), Baltimore

10-NAME OF FATHER, Jesse Newsom

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Va.

12-MAIDEN NAME OF MOTHER, Virginia Jones

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Va.

(Informant) Virginia Newsom

(Address) 174 Hamburg

Filed 1926 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12-28-26

17- I HEREBY CERTIFY, That I attended deceased from 12-27 1926 to 12-28 1926

that I last saw her alive on Dec 28 1926

and that death occurred, on the date stated above, at 7.20 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Lobar Pneumonia

(Primary)

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual signs

(Signed) D. J. Carroll M. D.

12-29 1926 (Address) 835 Mary St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Mt Auburn	Dec 29/26
20-UNDERTAKER.	ADDRESS.
Daniel Easter & Co	916 Pa ave

Cor.—12-9-25—A Co.—200 Bks.

E 17297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 17297

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 829 Whitelock St., 16 Ward)

2-FULL NAME George Wilson

(a) RESIDENCE NO. 829 Whitelock St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Wilson

7 DATE OF BIRTH (month, day, and year): about 1879

ABE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	47			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer

BIRTHPLACE (city or town)

(State or country): Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant: Mrs. Agnes Wilson

(Address) 829 Whitelock

C. HAWSON JONES, M. D.

1926 19 Dec 27 19 A.K.H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Heart disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) No History

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

Dec. 27 1926 (Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

Date of Burial: Dec 31 1926

20 UNDERTAKER: Daniel Easton

ADDRESS: Pa ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17298

CERTIFICATE OF DEATH.

44 E 17298

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3131 Inc Elderey St., 7-3 Ward)

2-FULL NAME Sophie Reubert.

(a) RESIDENCE NO. 3131 Inc Elderey St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or Race: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (Write the word): Married

6 If married, widowed, or divorced (or) WIFE of: John A. Reubert.

7 DATE OF BIRTH (month, day, and year): Oct 19-1858

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68	2.	7.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

10 NAME OF FATHER: Charles Saulney

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: John A. Reubert

(Address): 3131 Inc Elderey

15 Filed _____ C. HAMPSON JONES, M. D. Registrar

1926 Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 19 26

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 19 26 to Dec 26 19 26

that I last saw h.. alive on Dec 26 19 26

and that death occurred, on the date stated above, at .....m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach and Liver

(duration) .....yrs. 6 mos. .....ds.

CONTRIBUTORY .....

(Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death? .....

Did an operation precede death? yes Date of Oct 26.

Was there an autopsy? no

What test confirmed diagnosis? Pathological from Specimen

(Signed) G. T. Pace, M. D.

Dec 27, 1926 (Address) 24 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: Dec 30 26

20 UNDERTAKER: Geo C. Miller & Son ADDRESS: 2339 Jefferson St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17299 E 17299

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1517 Eastern ave St. 3rd Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Judins

(a) RESIDENCE NO. 1517 Eastern ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. _ mos. _ ds. How long in U. S., if of foreign birth? 15 yrs. _ mos. _ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

7 DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer (old)

(b) General nature of industry, business, or establishment in which employed (or employer) Common

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Russia

10 NAME OF FATHER Judins

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) Russia

14 Informant Paulina Green

(Address) 1513 Eastern ave

15 Filed 1926 C. HANSON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12 28 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

chronic

(duration) 2 yrs. _ mos. _ ds.

CONTRIBUTORY (Secondary)

(duration) _ yrs. _ mos. _ ds.

(Signed) James M. Fenton, M. D. (Coroner)

12 28 1926 (Address) 700 E Chase st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death _ yrs., _ mos., _ ds. In the State _ yrs., _ mos., _ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Russian Independent	Dec 30 1926

20 UNDERTAKER	ADDRESS
John Grebliauskas	428 S. Paca St.

rc.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17300

CERTIFICATE OF DEATH.

118-002

E 17300

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St.) 90-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lester J. Ford

(a) RESIDENCE NO. 2569 Edmondson Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Married~~ Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 12, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self.

BIRTHPLACE (city or town) (State or country): Maryland (Kent Co)

10 NAME OF FATHER: Robert T. Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant (Address): West Baltimore Gen. Hosp.

Filed 1926, 19 — C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 1926

I HEREBY CERTIFY, That I attended deceased from 12/25, 1926, to 12/29, 1926,

that I last saw him alive on 12/29, 1926,

and that death occurred, on the date stated above, at 8 20 a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 12/25/26

Was there an autopsy? no

What test confirmed diagnosis? Clinical Laboratory

(Signed) Amos H. Jensen, M. D.

12/29, 1926 (Address) West Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL 1926

20 UNDERTAKER: Wm. J. Tickner & Sons

ADDRESS N. & Pa

Cor.—12-9-25—A Co.—200 Bks.

E 17301

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 17301

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1058 Argyle Ave St 17-2 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Holmes Jr.

(a) RESIDENCE NO. 1058 Argyle Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 6, 1924

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		3	23 28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md. Dec. 29, 1926

(State or country)

10 NAME OF FATHER John Holmes

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Christiana Locke

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant John Holmes Jr.

(Address) 1058 Argyle Ave

Dec 29 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) no other cause

(duration) yrs. mos. ds.

(Signed) J. T. Kenney, M. D.

(Coroner)

(Address) 2802 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chas. Co. Md. St. Johns. Cem. Date of Burial Dec 30, 26

20 UNDERTAKER John N. Toadvine ADDRESS 1021 Druid Hill

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17302

CERTIFICATE OF DEATH.

75.00

E 17302

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St., 18-1 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Robinson

(a) RESIDENCE NO. 221 N. Poppleton St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Married

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework, Ret

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Tracy Chew

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant

(Address) Records

15 Filed DEC 31 1926 C. EARLSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 27 1926

17

I HEREBY CERTIFY, That I attended deceased from August 26, 1926, to December 27, 1926, that I last saw h.e alive on December 27, 1926, and that death occurred, on the date stated above, at 1 m.

The CAUSE OF DEATH* was as follows:

Hypertension

Residual Left Hemiplegia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general & Laboratory

(Signed) R. Hooper Smith, M. D.

Dec. 28 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — Date of Burial: Dec 31 1926

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 37 [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

147 E 17303

E 17303
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 180 W. Randall St. 932 Ward)

2-FULL NAME Caroline E. Knell.

(a) RESIDENCE NO. 180 W. Randall St. St._____ Ward_____
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female.	White.	Married.

n If married. ~~XXXXXXXXXXXX~~
~~XXXXXXXXXX~~
(or) WIFE of John C. A. Knell.

DATE OF BIRTH (month, day, and year) November 20, 1885.

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	41	1	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Pennsylvania.

10 NAME OF FATHER George A Geifzu.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Miller.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md.

Informant John C. A. Knell. (husband)
(Address) 180 W. Randall St.

Filed C. FALCON JONES, M. D.
Registrar
DEC 30 1926 Per K. K.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 28, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism during labor.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

12/28 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date of Burial 12/31 1926.

20 UNDERTAKER George Knell ADDRESS 912 Wash Blvd.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17304

CERTIFICATE OF DEATH.

94-001 E 17304

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1004 S. Sharp St. (WARD) 23-1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joanna Jones

(a) RESIDENCE NO. 1004 S. Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If ~~married, widowed, or divorced~~ (HUSBAND) of (or) WIFE of: Jno. Jones

DATE OF BIRTH (month, day, and ~~year~~) unknown.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	57	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md,

Informant: Thomas Palmer

(Address): 604 S. Wolfe St.

Filed ..... 1926 C. EASTER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1926, to Dec 27, 1926.

that I last saw her alive on Dec 27, 1926

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Mark E. Nagurl M.D.

(Address) 1006 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	Dec 30 1926
20 UNDERTAKER	ADDRESS
Samuel T Hensley,	578 N Bridge

ec.—6-9 19—H. P. Co.—1000 Bks.

E 17305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 17305

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE. No. 1308 Harlem St. 16-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Sanders

(a) RESIDENCE. No. 1308 Harlem St WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 3 - 76

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	6	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment In which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Henry Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Cora Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Addie Smith

(Address) 1308 Harlem St

DEC 30 1926

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24th, 1926, to Dec. 29th, 1926, that I last saw him alive on Dec. 29th, 1926, and that death occurred, on the date stated above, at 5.00 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jas. E. Bell, M. D.

12-29 1926 (Address) 713 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel	Dec 31 1926
20 UNDERTAKER	ADDRESS
Sam'l W. Chase & Son	1400 W Pratt

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17306
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-001

REGISTERED No. 17306

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of BALTIMORE: (No. 616 N. Fremont St. 17-2 Ward)

2-FULL NAME Walter Mackall

(a) RESIDENCE NO. 1024 Penna Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): about 1886

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town): Baltimore Dec. 29, 1926

(State or country): Md

10 NAME OF FATHER: Benjamin Mackall

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Anderson

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

Informant: Charles H. Hall

(Address): 1038 N. Stricker

Filed: C 30 1926 FLAVEL JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 25, 192[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) no history (duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

(Address) 2802 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Auburn Date of Burial Dec 30 1926

20 UNDERTAKER: Wm M Crane & Son ADDRESS 1400 N Fulton

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17307

CERTIFICATE OF DEATH

129 E 17307

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 733 Penn Ave St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ann Fowler

(a) RESIDENCE NO. 1733 Penn Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Augustus

DATE OF BIRTH (month, day, and year): March 10, 1536

7 AGE — Years: 90 Months: 10 Days: 15 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

10 NAME OF FATHER Wm Brown

11 BIRTHPLACE OF FATHER (City or town)

(State or country): England

12 MAIDEN NAME OF MOTHER Nancy Cook

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Jno Gruver

(Address): 1020 Madison Ave

Filed DEC 30 1926, 19 C. ALLISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Dec. 25,

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1926 to Dec 28, 1926

that I last saw her alive on Dec 25, 1926

and that death occurred, on the date stated above, at 10:20 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart disease
mitral Insufficiency

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Balto. Co.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Paul Brown, M. D.

12/29, 1926 (Address) 1837 Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Sec 3 — Date of Burial 1926

20 UNDERTAKER: Chas Corbin — ADDRESS: 502 E Fayette

Spec.—1-10-21—M&T—1500 Blks.

Ballmann.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17308

CERTIFICATE OF DEATH.

118-001

E 17308

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Franklin Square Hosp. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lottie Ballmann

(a) RESIDENCE NO. 920 Burgundy ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Earnest Ballmann

DATE OF BIRTH (month, day, and year): Dec 11, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61		0	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(h) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: John Seibel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Gentmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Ernestine Ballmann

(Address): 920 Burgundy Alley

FILED DEC 30 1926 C. KAPP JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1926, to Dec 29, 1926

that I last saw h[illegible] alive on Dec. 29, 1926

and that death occurred, on the date stated above, at 2.30 A p.m.

The CAUSE OF DEATH* was as follows:

Strangulated Ventral Hernia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/28/26

Was there an autopsy? No. Operation

What test confirmed diagnosis?

(Signed) Louis F. Lavy, M. D.

(Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Dec 31 1926
20 UNDERTAKER	ADDRESS
W. Cook	501 E Northern

12/29/26

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17309

CERTIFICATE OF DEATH.

129 E 17309

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1417 Jefferson St. 5-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Cooper

(a) RESIDENCE NO. 1417 Jefferson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara C. Cooper

7 DATE OF BIRTH (month, day, and year): 1846

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	80	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Caulker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto, city

(State or country)

10 NAME OF FATHER: William Cooper

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Clara Cooper

(Address): 1417 Jefferson St

15 Filed ..... 19 ..... C. KILLGON JONES, M. D. ..... Registrar

By .....

D 1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1926, to Dec 27, 1926, that I last saw h.im alive on Dec 27, 1926, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Intra Cranial Hemorrhage

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Indefinite (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Edward Finlay, M. D.

12-28 1926 (Address) 1012 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — Date of Burial: Dec 31 1926

20 UNDERTAKER: Geo. J. H. Rochester — ADDRESS: 1813 E Fayette St

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17310

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

17-5 38 E 17310

Registered No.....

City of BALTIMORE: (No. 2013 Oak St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Robert Green

(a) Residence No. 2013 Oak St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX. male

4-COLOR OR RACE, col

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of husband of Lizzie Green

DATE OF BIRTH (month, day and year) Feb 20-1887

AGE. 39 yrs. 10 mos. 7 ds.

If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

BIRTHPLACE (city or town) Howard Co. Md
(State or Country).

10-NAME OF FATHER, Lloyd Green

11-BIRTHPLACE OF FATHER (city or town) Md
(State or Country).

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) unknown
(State or Country).

(Informant) Lizzie Green

(Address) 2013 Oak St.

DEC 30 1926 CLARENCE JONES, M. D. Registrar.

By —

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 27/26.

17- I HEREBY CERTIFY, That I attended deceased from Dec 21 1926 to Dec 27 1926 that I last saw h.. alive on Dec 27 1926 and that death occurred, on the date stated above, at 6.20 m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

From the last 21 days

(Duration) 1 yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) Negative

(Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? ....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [illegible] M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn	Dec 30, 1926
20-UNDERTAKER.	ADDRESS
Robert F. Williams	1518 Edgar St

rc.—1-12-23—M&T—500 Blks.

17311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-60 E 17311

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Dallas ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Obadiah McCarty

(a) RESIDENCE No. 528 N. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) June 13-1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	14 13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Wade Co. Ga.

30 NAME OF FATHER: Elijah McCarty

31 BIRTHPLACE OF FATHER (city or town) (State or country): S.C.

32 MAIDEN NAME OF MOTHER: Laura Williams

33 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga.

Informant: Elijah McCarty

(Address): 528 N. Dallas St

Filed .19 C. E. KEY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 3 , 1926, to Dec 27 , 1926

that I last saw him alive on Dec 26 1926

and that death occurred, on the date stated above, at 4-00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) R. L. Coolidge M. D.

, 19 (Address) 1517 E Baltimore Boston Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: 12/30 1926

20 UNDERTAKER: Chas. H. Johnson

ADDRESS: 476 N. Carolina St

Spec.—1-10-21—M&T—1500 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17312

CERTIFICATE OF DEATH.

#5 E 17312

REGISTERED NO.

1-PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 16-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Florence Baldwin

(a) RESIDENCE NO. 2930 Baker ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 8th 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home keeper

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Richmond Va.

10 NAME OF FATHER J. P. Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER E. L. Shaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Deceased Niece

(Address)

DEC 30 1926 HARRISON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 2 .1926. to Dec 29 .1926.

that I last saw her alive on Dec 29 .1926.

and that death occurred, on the date stated above, at 4 35 P m.

The CAUSE OF DEATH* was as follows:

Malignant Colitis

(duration) yrs. 1 mos 18 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. A. Thompson M. D.

12/29 1926 (Address) 1111 Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Waverly

DATE OF BURIAL: Dec 31 1926

UNDERTAKER: Geo. H. Jenkins & Son

ADDRESS: Edmondson Ave

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17313

CERTIFICATE OF DEATH

101-001

REGISTERED NO. E 17313

1-PLACE OF DEATH

City of BALTIMORE: (No. 2736 E. Balto. St., 63 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gerard Strickrotte

(a) RESIDENCE NO. 2736 E. Balto. St. 6 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 19 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 10 to 1907

7 AGE — Years: 19 — Months: 10 — Days: 19 — IF LESS than 1 day ....hrs. or ....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Draftsman for

(b) General nature of industry, business, or establishment in which employed (or employer): American Can Co

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md. 086

(State or country)

PARENTS

10 NAME OF FATHER Peter Strickrotte

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret B. Wickstein

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

14 Informant (Father) Peter Strickrotte

(Address) 2736 E. Balto. St.

Filed ....., 19..... Registrar

DEC 30 1926 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 19 26

17 I HEREBY CERTIFY, That I attended deceased from Dec 21, 26, to Dec 29 26,

that I last saw h. alive on Dec 29, 26,

and that death occurred, on the date stated above, at 12 50 a. m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage

(duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: Dec 31 1926

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 4038 Wash Blvd

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17314

74-001

E 17314

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 104 Patterson Park Ave St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr John Thomas Spicknall

(a) RESIDENCE NO. 104 S Patterson Park Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernardina S Spicknall

6 DATE OF BIRTH (month, day, and year): Oct 24 1847

7 AGE: Years 79 Months 2 Days 5

IF LESS than 1 day hrs. or min.: 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Louisville

(State or country): Kentucky

10 NAME OF FATHER: Richard Spicknall

11 BIRTHPLACE OF FATHER (City or town): Washington

(State or country): DC

12 MAIDEN NAME OF MOTHER: Elvira Rymbell

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant (Address): Rymbell Spicknall 104 S Patterson

Filed DEC 30 1926 Per C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1926, to Dec 29, 1926, that I last saw h— alive on Dec 29, 1926, and that death occurred, on the date stated above, at 6.10 C m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 4 hrs ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A G Dann, M. D.

19 30 (Address) N Caroline St

*State the Disease Causing Death, or In deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

Date of Burial: Dec 31 1926

20 UNDERTAKER: H. P. Fredrick Sons

ADDRESS: N. Pa Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17315

CERTIFICATE OF DEATH.

E 17315

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE (No. 3404 Sweyn Falls Pkway St., 15 Ward)

2-FULL NAME George A. Chase

(a) RESIDENCE NO. 3404 Sweyn Falls Pkway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannette B. Chase

DATE OF BIRTH (month, day, and year) Mar. 29, 1862

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	64	9	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President 880

(b) General nature of industry, business, or establishment in which employed (or employer) Home Friendly Ins.

(c) Name of employer

BIRTHPLACE (city or town) Great Bend Village

(State or country) Pa

10 NAME OF FATHER Simeon B. Chase

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Harriet DeBois

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

14 Informant Mrs Jeanette B. Chase

(Address) 3404 Sweyn Falls Pkway

15 Filed Dec 30 1926 Per RK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 26 Dec 29

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926, to Dec 29, 1926, that I last saw h alive on Dec 28, 1926, and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Arteriosclerosis Cerebral Hemorrhage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Cardiac failure

(Secondary)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Linthicum, M. D.

Dec 30 1926 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Date of Burial Dec 31 1926

20 UNDERTAKER Wm. Fickus ADDRESS Reisterstown Md

Spec.—1-10-21—M&T—1500 Bks.

E 17316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 17316 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Rumsey Al. ST. 22-V WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace Buckroad

(a) RESIDENCE NO. 604 Rumsey Al. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Banks

DATE OF BIRTH (month, day, and year) Oct 5- 1896

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	30	2	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. (State or country) Md.

10 NAME OF FATHER Wesley Buckroad

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Minnie Moore

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

Informant Minnie Moore

(Address)

Filed 1926 C. [illegible] JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec, 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926, to Dec, 28, 1926, that I last saw her alive on Dec, 28, 1926 and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. P. Smith, M. D.

Dec, 29, 1926 (Address) 19 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Ct	Dec, 31 1926
20 UNDERTAKER	ADDRESS
S. L. Brown & Son	108 W. Mulberry

Spec.—1-10-21—M&T—1500 Bks.

E 17317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N Collington Ave ST., 9 WARD)

REGISTERED No. E 17317

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michael Peters

(a) RESIDENCE NO. 723 N Collington Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Peters

DATE OF BIRTH (month, day, and year) April 24-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore City

10 NAME OF FATHER Stephen Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Aloisi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mary Peters

(Address) 723 N. Collington Ave

DEC 30 1926 [illegible], M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29" 1926

17

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1926 to Dec 29, 1926.

that I last saw h alive on Dec 29, 1926,

and that death occurred, on the date stated above, at 12.15 a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Hypertension

Arteriosclerosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 806 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 31 1926
20 UNDERTAKER	ADDRESS
Geo M Fendrich	811 N Wolfe

Cor.—12-9-25—A Co.—200 Bks.

E 17318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 17318

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minnie Layden

(a) RESIDENCE NO. 1725 Hope St., Ward Resident

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? 58 yrs. 8 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Layden

7 DATE OF BIRTH (month, day, and year): April-13-1868

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	58	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: none

9 BIRTHPLACE (city or town): Caroline Co.

(State or country): Maryland

10 NAME OF FATHER: Wm. Faulkner

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Not Known

14 Informant: Frank Layden (husband)

(Address): 1725 Hope St City.

15 Filed JUL 30 1926, 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia 4 d.
Chr Nephritis — Unknown

(duration) yrs. mos. ds.

CONTRIBUTING (Secondary) Uremia — Unknown

(duration) — yrs. mos. ds.

(Signed) W. J. Riley M. D.
(Coroner)

Dec 29, 1926 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death 0 yrs., 0 mos., 14 ds. In the State 58 yrs., 8 mos. 16 ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1725 Hope St.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Dec 31 1926.

20 UNDERTAKER: STEWART MOWEN COMPANY (William F. Mowen, Successor) — ADDRESS: 100 W. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17319

E 17319

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21. E. 22. St. 17-5 WARD) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Forbes

(a) RESIDENCE NO. 21 E. 22. St. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Bennett Forbes

DATE OF BIRTH (month, day, and year): May 26 1874

AGE: Years 52 Months 7 Days 3

If LESS than 1 day, hrs. or ..... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Landscape Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: James H. Forbes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Anna M. Graylos

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Viola B. Forbes

(Address): 21 E. 22. St.

Filed DEC 30 1926 C. EARP JONES, M. D. Registrar

By R H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 17 1926 to Dec 29 1926;

that I last saw him alive on Dec 28 1926,

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency & Aortic Stenosis -

Cardiac dilatation -

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Endocarditis - in childhood

(duration) 45 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) D. A. McCarty M. D.

(Address) 37 N. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. | DATE OF BURIAL: Dec 31 1926

20 UNDERTAKER: John Crutchfield | ADDRESS: 1201 N. Eutaw St.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17320
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

90 E 17320
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 435 Somerset St., 5 WARD)

2-FULL NAME Harold S. Boulden

(a) RESIDENCE NO. 435 Somerset ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

If married, widowed, or divorced
HUSBAND of (or WIFE of) Naomi Boulden

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Approx.	56	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman 266
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Washington Boulden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. Naomi Boulden
(Address) 435 Somerset (Wife)

Filed 8 1926 H. [illegible] JONES M.D. Registrar
Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to Dec 26, 1926, that I last saw him alive on Dec 25, 1926, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia and Myocarditis.
(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchitis
(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R J Gosling, M. D.

3/6 1926 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arbury Cemetery	12/30/26
20 UNDERTAKER Mrs. R.G. Elliott	ADDRESS 1725 Arbutus

or.—1-12-23—M&T—100 Bks.

17321 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17321

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Talbot 129

Y OF BALTIMORE, (No. 3112 Talbert ST. 12 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Forker

(a) RESIDENCE NO 3112 Talbert ST., 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
2	C	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

TE OF BIRTH (month, day, and year) Unknown.

E	Years	Months	Days	If LESS than 1 day, hrs or min.
	nt 50			

CUPATION OF DECEASED) Trade, profession or rticular kind of work House Keeper

General nature of industry, siness, or establishment in hich employed (or employer)

Name of employer

THPLACE (city or town) ate or country) N.C.

NAME OF FATHER Randall Gale

IRTHPLACE OF FATHER (city or town) (State or country) N.C.

MAIDEN NAME OF MOTHER Matthews Burell

IRTHPLACE OF MOTHER (city or town) (State or country) N.C.

Informant Frank Parker

ddress) 3112 Eastbast St.

8 0 1926 C. HAMPSON JONES, M. D. Registrar

Per RK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Jas A Morrison, M. D.

(Coroner.)

12/29, 192 (Address) 3512 Poplar Ln

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D. C	12/30/1926
UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	Ashland

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17322

CERTIFICATE OF DEATH.

49 E 17322

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2030 E Pratt ST., 2-3 WARD)

2-FULL NAME Michael Embacks

(a) RESIDENCE NO. 2030 E Pratt, ST., 2 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 2 mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Embacks

DATE OF BIRTH (month, day, and year): Aug 12 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Michael Embacks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Lena Embacks
(Address) 2030 E Pratt St

Filed ..., 19... Registrar

For ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1926, to Dec. 28, 1926,

that I last saw him alive on Dec. 28, 1926

and that death occurred, on the date stated above, at 2.45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Prostate

(duration) 2 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) — yrs. — mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Harry Linden, M. D.

, 19 (Address) 2421 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 12/31, 1926

20 UNDERTAKER: Louis Heemann

ADDRESS: 3rd Ward

...—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17323

CERTIFICATE OF DEATH.

129 ✓

E 17323

REGISTERED NO.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Raynor and Dukeland ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Goldberg

(a) RESIDENCE NO. 1932 E Fairmount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., If of foreign birth? 8 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced (or) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) a/ [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: N. [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): New Jersey

10 NAME OF FATHER: Samuel Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Mary Itzieta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Samuel Goldberg

(Address) 1932 E Fairmount Ave

Filed JAN 30 1926 BALTIMORE City, Md.

For [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 1926

17

I HEREBY CERTIFY, That I attended deceased from 12/26, 1926, to 12/29, 1926

that I last saw him alive on 12/29, 1926,

and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Acute anemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

(Address) W. B. G. H.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Sinai Rosedale

DATE OF BURIAL: 1/30 1926

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 17324

REGISTERED NO. E 17324

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St. 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Nelson

(a) RESIDENCE NO. 903 N. 9th St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Nelson

DATE OF BIRTH (month, day, and year) 1846

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	80			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 66

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Charles Nelson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Barbara

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant

(Address) Records

Rec'd DEC 30 1926 C. EARLE JONES, M. D., Registrar

Per R R

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29 1926

17

I HEREBY CERTIFY, That I attended deceased from December 28, 1926, to December 29, 1926, that I last saw him alive on December 28, 1926 and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

12/29/1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Date of Burial 12/30/26

20 UNDERTAKER Joseph Ahrens ADDRESS 221 Bush

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17325

CERTIFICATE OF DEATH.

E 17325

1-PLACE OF DEATH

City of BALTIMORE: (No. 2110 Callow Ave St. 136 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betsy Delevie

(a) Residence No. 2110 Callow Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX, Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Stone

7-DATE OF BIRTH (month, day and year) Sept 20/848

8-AGE, 78 yrs. 3 mos. 10 ds.

If LESS than 1 day, hrs. or min.*

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone Cutter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country), Balto Md

10-NAME OF FATHER, Simon Delevie

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Germany

12-MAIDEN NAME OF MOTHER, Esterson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Holland

(Informant) Wm. F. Diener

(Address) 2110 Callow Ave

DEC 30 1926 C. HANSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 12/30/26.

17- I HEREBY CERTIFY, That I attended deceased from 12-20- 19 26, to 12-30- 19 26, that I last saw her alive on 12-29 19 26, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. Prost, M. D.

12-31 1926 (Address) 2202 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral Cemetery — DATE OF BURIAL, Dec 31, 1926

20-UNDERTAKER, J. Ahearn & Co — ADDRESS 3316 Eastern Ave

Cor.—12-9-25—A Co.—200 Bks.

Klaysmit

E 17326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179 E 17326

1-PLACE OF DEATH

REGISTERED NO. 17326

City of BALTIMORE: (No. Balt City Hospital St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josefine Klaysmit

(a) RESIDENCE NO. 1819 Aliceanna St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Klaysmit

6 DATE OF BIRTH (month, day, and year): unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	77			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer): at home 037

(c) Name of employer

8 BIRTHPLACE (city or town)

(State or country): Poland

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant: Mrs. Wm Klaysmit

(Address): 1819 Aliceanna St

15 Filed 19 [illegible] Registrar

DEC 30 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fx of L Femur over both thighs flower part of abdomen accident while carrying burner by Coal Stove (duration) yrs. mos. 1 Day

CONTRIBUTORY (Secondary): Shock (duration) yrs. mos. ds.

(Signed) James W. Fenton M. D. (Coroner)

12 27 1926 (Address) 709 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? 727 S Ann St

Former or usual residence 1819 Aliceanna St

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. Date of Burial: Dec. 31. 1926

20 UNDERTAKER: M. J. Sadowski. ADDRESS: 705 S. Ann St

Spec.—1-10-21—M&T—1500 Bks.

E 17327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 17327

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N Dallad ST., 7-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Griffin

(a) RESIDENCE NO. 511 N Dallad ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married.

If married, widowed, or divorced (or) WIFE of Chas Griffin

DATE OF BIRTH (month, day, and year) March 11 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	-9	-17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto md

10 NAME OF FATHER Thomas H. Freed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Mary E. Pierce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Mrs Mary E Green (mother)

(Address) Rossville md.

Filed 1926 19

C. HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Aug. 19 26, to Dec 28, 19 26,

that I last saw h alive on Dec 28, 19 26,

and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder and Uterus

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. Y. Gourley, M. D.

12/29 1926 (Address) 1424 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashbury

DATE OF BURIAL Dec 31 1926

20 UNDERTAKER John W Henderson

ADDRESS 1602 Eutaw

Spec. 1-10-21—MA T—1500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17328

CERTIFICATE OF DEATH

2/100-001

E 17328

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Glyndon St. Ave WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Kuckauskas

(a) RESIDENCE NO. 1205 Glyndon ST., Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? 3 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, ~~or Divorced~~, (write the word) Married

If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Vincent Kuckauskas

DATE OF BIRTH (month, day, and year) 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	38			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER Michael Samenel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Informant, Vincent Kuckauskas

(Address) ~~1205~~ 1205 Glyndon Ave.

Filed DEC 30 1926 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 27 1926

17

I HEREBY CERTIFY, That I attended deceased from DEC-20- 1926, to DEC-27- 1926, that I last saw h~~e~~ alive on DEC-26- 1926, and that death occurred, on the date stated above, at 12 00 -m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) 1 yrs. mos 10 ds.

CONTRIBUTORY (Secondary) General Weakness

(duration) — yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. R. A. Gorter, M. D.

, 19 (Address) 125 N. Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	12/29 1926
20 UNDERTAKER	ADDRESS
Chas. B. Kuckauskas	631 E Pratt

Spec.—1-10-21—M&T—1500 Bks.

17329

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001 E 17329

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Sq. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 21-3 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Zeitler

(a) RESIDENCE No. 518 Scott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divoreed, (write the word): Married

If married, widowed, or divorced (or) WIFE of Philip Zeitler

DATE OF BIRTH (month, day, and year) September 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Casper Waltmofer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lebenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Philip Zeitler

(Address): 518 Scott St

Filed 1926 C. HANSON JONES, M. D. Registrar

Per R.A.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29 1926.

17 I HEREBY CERTIFY, That I attended deceased from 12-27, 1926, to 12-29, 1926, that I last saw her alive on 12-29, 1926, and that death occurred, on the date stated above, at 10.50 P. m.

The CAUSE OF DEATH* was as follows:

1 Pleurisy with effusion

Broncho-pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis T. Lawn, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	June 19 26
20 UNDERTAKER	ADDRESS
Peter Hoffman & Son	901 Hollins St

c.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17330

CERTIFICATE OF DEATH.

74 001

E 17330

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 124 Arbutus Ave. (WARD) 27-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Catherine Carter

(a) RESIDENCE NO. 124 Arbutus ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: male.

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Stephen Carter

ATE OF BIRTH (month, day, and year): 11-18-1855

GE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	1	11	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country): A. A. Co Md.

10 NAME OF FATHER: John T. Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Bryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs. Termollan

(Address): 124 Arbutus Ave

0 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926, to Dec 29, 1926,

that I last saw her alive on Dec 28, 1926

and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(Rt Hemiplegia)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage (Rt Hemiplegia)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris B. Green, M. D.

12/30 1926 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk — DATE OF BURIAL: 12/31 1926

20 UNDERTAKER: J. Fen McCully — ADDRESS: 130 S. Fo

Spec.—1-10-21—M&T—1500 Bks.

17331

HEALTH DEPARTMENT—CITY OF BALTIMORE

17331

CERTIFICATE OF DEATH.

REGISTERED NO. 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Christian St. W. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Elizabeth Schumacher

(a) RESIDENCE No. 2214 Christian ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Nov 13-1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John H. Schumacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anna Sales

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant John H. Schumacher

(Address) 2214 Christian St.

Filed DEC 1926, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1926, to Dec 29, 1926, that I last saw her alive on Dec 29, 1926, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Dont Know

Did an operation precede death? ✓ Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. Heller Hemming M. D.

17 Dec 1926 (Address) 2001 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Dec 31 1926

20 UNDERTAKER for Fourdens Son — ADDRESS 2172 Bay

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17332 68 E 17332

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 5-1 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Ollandorf

(a) RESIDENCE NO. Levering House St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 65				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 87

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Unknown

10 NAME OF FATHER 11

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) 11

12 MAIDEN NAME OF MOTHER 11

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) 11

14 Informant Levering House Hotel

(Address) 100 N. Front St

15 Filed 1926, 19____ Per_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20-26 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Bronchial Asthma

Morphine addict

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. C. Cullen, M. D.

(Coroner)

12 (Address) 12/30/26 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the state.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

G. Harrison Jones, M. D. — THE MORGUE — JOHNS HOPKINS HOSPITAL — Commissioner Health. — Dr. Wm. H. Welch

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17333

CERTIFICATE OF DEATH.

154-002 E 17333

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1129 Hanover St. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME (Baby) Fisher.

(a) RESIDENCE NO. 1129 Hanover St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 20, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or 10 min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

10 NAME OF FATHER Bernard Fisher.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Alice Hurley.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant Alice Fisher, (mother)

(Address) 1129 Hanover St.

15 Filed 1926 C. EARLE JONES, M. D.

Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency. congenital.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Coroner) M. D.

12/29 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

DEC 30 1926

THE FLORENCE

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17334

CERTIFICATE OF DEATH.

90 E 17334

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 722 N Broadway St. 173 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Bridgehead

(a) RESIDENCE NO. 722 N Broadway St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 087

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) .....

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) .....

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country)

14 Informant .....

(Address)

9 1926 C. HANSON JONES, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Contract Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Samuel T. Darling, M. D.
(Coroner)

, 19 (Address) 3525 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

19

20 UNDERTAKER

ADDRESS

Per, Wm. E. WOODALL

JOHNS HOPKINS HOSPITAL DEC 30 1926

0908 THE MURRAY CO.

Cor.—12-9-25—A Co.—240 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17335

CERTIFICATE OF DEATH.

179 E 17335

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Johns Hopkins Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes ~~G~~avanaugh (KAVANAGH)

(a) RESIDENCE NO. 1015 E. Monument St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

7 DATE OF BIRTH (month, day, and year): unknown

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about 70				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Unknown

10 NAME OF FATHER Dennis Cavanaugh

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant N.E. Police Records

(Address)

15 1926 C. HARRISON JONES, M. D. Registrar

Per [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia-Accidental Burns

Clothing caught fire from a candle she was carrying -cellar steps Dec 27

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) J. M. Caine M. D.

(Coroner)

12/29/26 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
St. Vincent's Cemetery	12/31 1926

20 UNDERTAKER	ADDRESS
Henry U. Myers & Son	805 N. Calvert

Spec.—12-9-25—A Co.—200 Bks.

E 17336

HEALTH DEPARTMENT—CITY OF BALTIMORE

99-001

E 17336

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Little Sisters of the Poor St. 10-W Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Luckett

(a) RESIDENCE NO. Preston & Valley St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? about 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1851

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER Thomas Krishler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Smallwood

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) Little Sisters of the Poor

15 Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29th 1926

17 I HEREBY CERTIFY, That I attended deceased from No record, 19....., to, 19.....,

that I last saw her alive on Dec 26, 1926,

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

1 week (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F A Warner, M. D.

Dec 30, 1926 (Address) 1133 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampton — Date of Burial: Dec 31 1926

20 UNDERTAKER: Bila Wiedefeld — ADDRESS: 914 Druid Park

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17337

CERTIFICATE OF DEATH.

151 E 17337

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Church Home & Infirmary St. 27-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louise Hock

(a) RESIDENCE NO. 204 Beaumont Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Hock.

7 DATE OF BIRTH (month, day, and year): 1845

8 AGE: Years 81 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

10 BIRTHPLACE (city or town): York Co. Pa.

(State or country)

10 NAME OF FATHER: John Hellerman

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Pa

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Dont Know

14 Informant: Otto G. Hock

(Address): York Pa

Filed ..... 19..... C. HANSON JONES, M. D. Registrar

0 1928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec. 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1926, to Dec. 30, 1926, that I last saw her alive on Dec. 30, 1926, and that death occurred, on the date stated above, at 12:00 M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Myocardial Insufficiency.

(durution) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Gangrene of foot - right

2 months (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) R. Clark Grove, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Hill Cemetery York Pa. Date of Burial: Dec 31 1926

20 UNDERTAKER: Leubrook ADDRESS: 502 E. York St.

Spec.—1-10-21—M&T—1500 Blks.

17338 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Lynndale 7-13

CITY OF BALTIMORE, (No. 3018 Fayette St. WARD)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Owens

(a) RESIDENCE NO. 3018 Fayette ave ST., — WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary A. Owens

DATE OF BIRTH (month, day, and year) Nov. 19 1851

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	1	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Mary Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mrs. Mary C. Wilson

(Address) 3018 Fayette ave

1926 C. HAMPSON JONES, M. D. Registrar

Per —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1926, to Dec 28, 1926

that I last saw him alive on Dec 28, 1926

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Cushing M. D.

Dec 30 1926 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Dec 31 1926
20 UNDERTAKER	ADDRESS
Geo. L. Pulst	3100 Harford Ave

Cor.—12-9-25—A Co.—200 Bks.

E 17339

HEALTH DEPARTMENT—CITY OF BALTIMORE

188-03

E 17339

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 7-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Pookold

(a) RESIDENCE NO. 513 N. Madeira St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 Color or Race white

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Pookold

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE — Years: 28 — Months — Days — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

10 NAME OF FATHER Antone Navra

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Polan

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant John Pookold

(Address) 513 N Madeira St

15 Filed [illegible] 1926 By C. EARPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1920

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull accidentally Smooth by auto

about 24 hrs (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

Dec 30, 1920 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 28 yrs

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — Date of Burial Dec 31 1920

20 UNDERTAKER [illegible] — ADDRESS 1406 Gilmor

Cor.—12-9-25—A Co.—200 Bks. Leanna M Mc Mahon

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17340

CERTIFICATE OF DEATH.

170 E 17340

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 552 W Baltimore St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leanna May Mc Mahon

(a) RESIDENCE NO. 852 W Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Mc Mahon

7 DATE OF BIRTH (month, day, and year): Feb. 2 1892

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	34	10	25	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenet Maker

(b) General nature of industry, business, or establishment in which employed (or employer): P Lorillard Co

(c) Name of employer

10 BIRTHPLACE (city or town): Va

(State or country)

11 NAME OF FATHER: Andrew Salmon

12 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

13 MAIDEN NAME OF MOTHER: Lilly Manley

14 BIRTHPLACE OF MOTHER (city or town): Va

(State or country)

15 Informant: Andrew Salmon

(Address) Elkill, Va.

Filed Dec 29, 1926 CARSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 27, 1926 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Gunshot Wound of Head

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Raymond Weiss, M. D. (Coroner)

Dec. 29 1926 (Address) 3325 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springhill, Virginia Date of Burial: Dec 31 1926

20 UNDERTAKER: Joseph S Cook ADDRESS 1003 W Balto St

...c.—1-12-23—M&T—500 Bks.

17341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17341

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Oxford St 17-2 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Tilghman

(a) RESIDENCE NO. 507 Oxford St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1854

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country) Balto Co' md

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant: Jannette Tilghman

(Address) 507 Oxford St

Filed 1926, 19 C. EARLSON JONES, M. D. Registrar

Per ——— Asst.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 - 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1926, to Dec 29, 1926, that I last saw h[illegible] alive on Dec 29, 1926, and that death occurred, on the date stated above, at 4.36 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Mantley M. D.

Dec 30/1926 (Address) 1250 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	Jan 1 - 1927
20 UNDERTAKER	ADDRESS
Hamel Eastwood	916 Ca ns

Spec.—12-9-25—A Co.—200 Bks.

E 17342

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17342

CERTIFICATE OF DEATH.

129

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. 15-13 St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Pitts

(a) RESIDENCE NO. 1622 Westwood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Pitts

7 DATE OF BIRTH (month, day, and year): 1907

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country): Maryland

10 NAME OF FATHER Henry Williams

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER Rose —

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Maryland

14 Informant: Records

(Address)

15 Filed 1926 C. CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 29 1926

17 I HEREBY CERTIFY, That I attended deceased from December 16 1926, to December 29, 1926, that I last saw h. alive on December 29, 1926, and that death occurred, on the date stated above, at 2 00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis & Insufficiency

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Lovell, M. D.

Dec 30 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial: Dec 1 1927

20 UNDERTAKER: Hamel Easton ADDRESS 916 Druid

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17343

CERTIFICATE OF DEATH.

90 E 17343

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1036 N. Broadway St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Wurthwein

(a) RESIDENCE NO. 1036 N. Broadway St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Sept 15 1861

7 AGE — Years: 65 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Michael B. Wurthwein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Janet Haas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Jacob W. Wurthwein

(Address): 1036 N. Broadway

15 Filed: C. HAMPSON JONES, M. D. Registrar

1926 Dec 31

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Dec 29/26

17 I HEREBY CERTIFY, That I attended deceased from October 3, 1926, to Dec 29, 1926, that I last saw her alive on Dec 29, 1926, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis. Coronary - Sclerosis Myocarditis Angina Pectoris

(duration) ____ yrs. 6 mos. ____ ds.

CONTRIBUTORY (Secondary) Cardiac dilatation acute

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. Hampson Jones, M. D.

Dec 31 1926 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — Date of Burial: Dec 31/1926

20 UNDERTAKER: J. Ahrens & Co — ADDRESS: 334 Cathedral St

Cor.—12-9-25—A Co.—200 Bks.

(Joseph Pons)

HEALTH DEPARTMENT—CITY OF BALTIMORE

180-001

E 17344

CERTIFICATE OF DEATH.

E 17344

REGISTERED NO. 1

1-PLACE OF DEATH

City of BALTIMORE: (No. 1124 8th St., 26-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Pons

(a) RESIDENCE NO. 1124 N. 8th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov 18/926 Dec 30 1926

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto City

(State or country)

10 NAME OF FATHER: Joseph Pons

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Balto City

12 MAIDEN NAME OF MOTHER: Mary Westerner

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto City

14 Informant: Mary Pons

(Address) 1124 N 8th St

1926 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Asphyxiation while asleep in Mothers arms - in bed she being also asleep. accident (duration) Sudden ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Hinton M. D.

(Coroner)

12 30 1926 (Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mathews Cem. Date of Burial: Dec 31 1926

20 UNDERTAKER: Robert Brookshire ADDRESS: Calhoun & Lanvale Sts

c.—1-12-23—M&T—500 Bks.

E 17345 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17345

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Lombard & Green St., WARD) 25-11 101-09

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wiley Lee Ector

(a) RESIDENCE NO. Curtis Bay Camp. (Bto) Md ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Unknown How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown, 1886

7 AGE Years 40 Months 11 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown Ga.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Robert Brooks

(Address) Calhoun & Hollins Sts

1926 C. HANSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-20-, 1926 to 12-26-, 1926, that I last saw h alive on 12-26-, 1926, and that death occurred, on the date stated above, at 1 45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at work on Railroad

Did an operation precede death? No Date of None

Was there an autopsy? No.

What test confirmed diagnosis? Physical Signs + Clinical Course

(Signed) H B Hemmig, M. D.

, 19 (Address) Mercy Hospital Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL GRANTVILLE Md

American Railway Co

DATE OF BURIAL 12/31/1926

20 UNDERTAKER Robert Brookerson

ADDRESS Calhoun & Hollins Sts

...—1-12-23—M&T—500 Blks.

E 17346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

REGISTERED NO. E 17346

1-PLACE OF DEATH Union Memorial Hospital 17-4

TY OF BALTIMORE: (No. 33 d & Calvert ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irwin W. Brown

(a) RESIDENCE NO. 447 E. 25th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ength of residence in city or town where death occurred 5d yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Infant

f married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, and year) Nov. 22, 1926.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	7	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

IRTHPLACE (city or town) Maryland.
(State or country)

0 NAME OF FATHER William Brown

1 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

2 MAIDEN NAME OF MOTHER Sarah Utz

3 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

Informant Mrs. Wm. Brown
(Address) 447 E. 25th street.

Filed DEC 31 1926 [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1926, to Dec. 29, 1926, that I last saw him alive on Dec. 29, 1926, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Marked Malnutrition as result of hypertrophic pyloric stenosis.

(duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) Congenital heart - Patent ductus arteriosus + foramen ovale

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? Since Birth.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & T. E.

(Signed) C. H. Berlinghof, M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Hampden	12/31 1926
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17347

1-PLACE OF DEATH

CERTIFICATE OF DEATH.

74-001

E 17347

REGISTERED NO.

City of BALTIMORE: (No. 2534 Eager Place St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Sherman

(a) RESIDENCE NO. 2534 Eager Place St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah W. Sherman

7 DATE OF BIRTH (month, day, and year) Dec 14/1853

8 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	0	14	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

10 BIRTHPLACE (city or town)

(State or country) Balto., Md.

10 NAME OF FATHER Wm. H. Sherman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah A. Foxwell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Geo. N. Sherman

(Address) 429 E. 22nd St

15 Filed 19 C. EASTON JONES, M. D. Registrar

31 1926

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28/1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

12/29/1926 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial Dec 31 1926

20 UNDERTAKER W. A. Cook ADDRESS 502 E North Ave

Spec.–7-17-26—A Co.—200 Bks.

Landon · Dr Schulert 1201 Linton Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17348

CERTIFICATE OF DEATH

90 E 17348

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1801 E Lafayette Ave St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia London

(a) RESIDENCE NO. 1801 E Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Riley London

6 DATE OF BIRTH (month, day, and year) Nov 20, 1843

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min..
	83	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Rockville

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Jessie L Parks

(Address) 1139 E 22nd St

Filed DEC 31 1926 C. EARPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Jany 1923, to Dec 29th 1926, that I last saw h[illegible] alive on Dec 29th 1926, and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard Bellevard, M. D.

12/30/26 (Address) 711 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial Dec 31 1926

20 UNDERTAKER J. H. Cook — ADDRESS 502 E Fort Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160 E 17349

REGISTERED NO.

E 17349
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Fessier ST. 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Dorsey

(a) RESIDENCE NO. 704 Fessier ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | 4 COLOR OR RACE Colored. | 5 Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 24 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	5 6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Richard Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Address) Richard Dorsey 704 Fessier Street

Filed DEC 31 1926 LAWSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29th 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1926, to Dec 29th, 1926, that I last saw him alive on Dec 29th, 1926, and that death occurred, on the date stated above, at 5 50 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Law M. D.

, 19 (Address) 607 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery | DATE OF BURIAL Dec 31 1926

20 UNDERTAKER Emmett Kelly | ADDRESS 436 W. Biddle St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17350

CERTIFICATE OF DEATH

129 E 17350

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 Carey St St 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harrison Tinsley

(a) RESIDENCE NO. 815 Carey St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 25 years yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Tinsley

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE — Years: 45 — Months: — — Days: — — IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: city Water works

9 BIRTHPLACE (city or town): Cascade Va

(State or country)

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant: Christine Jones

(Address) 815 Carey St.

15 Filed DEC 31 1926 19 C. E. [illegible] JONES M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 12 — 29 — 26

17 I HEREBY CERTIFY, That I attended deceased from 12-28, 1926, to 12-29, 1926, that I last saw h.. alive on 12-29, 1926, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

uremia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): nephritis

(duration) over yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? examination

(Signed) Grump A Saunders, M. D.

. 19 (Address) 1029 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Va — Date of Burial: Dec 31 1926

20 UNDERTAKER: Jesse St. Ridden — ADDRESS 136 St. Ridden St.

c.—1-12,23-31&T—500 Blks.

98697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

17351

101-001 E 17351

REGISTERED NO.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST. 167 WARD)

2-FULL NAME John Jackson

(a) RESIDENCE No. 814 N. Fremont ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of ot) WIFE of

DATE OF BIRTH (month, day, and year) 11-22-25

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	1	13	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. (2)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) Ind.

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) Ind. (State or country)

12 MAIDEN NAME OF MOTHER Marie Mullen

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed 1926 C. MASON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1926, to Dec. 29, 1926, that I last saw h~~e~~ive on Dec. 29, 1926, and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos 6 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Phys - Exam

(Signed) Thomas W Cromwell M. D.

, 19 Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 12/31 1926

20 UNDERTAKER Samuel J Kennedy

ADDRESS 1118 N Eutaw

Spec.—7-17-26—A Co.—200 Blks.

E 17352

HEALTH DEPARTMENT—CITY OF BALTIMORE

65-001 E 17352

CERTIFICATE OF DEATH

1-PLACE OF DEATH University Hospital REGISTERED NO.

City of BALTIMORE: (No. Lombard + Green St., 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamine Feinstein

(a) RESIDENCE NO. 2030 Brookfield Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1912

7 AGE — Years: 14 — Months: 1 — Days: * — IF LESS than 1 day ____ hrs. or ____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Mass.

PARENTS

10 NAME OF FATHER: Morris Feinstein

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Sara Oxman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Russia

14 Informant: Morris Feinstein

(Address): 2030 Brookfield Ave.

15 Filed 1926 C. EASTON JONES, M. D. Registrar

Per R.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1926 to Dec 30, 1926

that I last saw him alive on Dec 30, 1926

and that death occurred, on the date stated above, at 4.55 P m.

The CAUSE OF DEATH* was as follows:

Chronic Lymphoid Leukemia

(duration) ____ yrs. 10 mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood picture

(Signed) Chas. M. Edwards, M. D.

12/30, 1926 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew

Date of Burial: 12/30 1926

20 UNDERTAKER: Jack Laurs 1439 E Balt

ADDRESS

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17353 — 1-PLACE OF DEATH

44

E 17353 — REGISTERED NO.

City of BALTIMORE: (No. ____ St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Devine

(a) RESIDENCE NO. 938 East Biddle St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1878

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

10 NAME OF FATHER John Devine

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Welch

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Records

(Address)

Filed 1 1926 C. EASTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30 1926

17

I HEREBY CERTIFY, That I attended deceased from November 8, 1926, to December 29, 1926, that I last saw him alive on December 28, 1926, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Caranoma of Stomach

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? General & Laboratory

(Signed) G. Hooper Smith, M. D.

Jan 2 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — Date of Burial: Jan. 3 1927

20 UNDERTAKER: Henry Hoeck Son — ADDRESS: 1301 E Eager St

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17354

CERTIFICATE OF DEATH.

161-001 E 17354

1-PLACE OF DEATH Bon Secours Hospital 27-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 27 WARD)

2-FULL NAME Baby Walter Mettle Jr.

(a) RESIDENCE No. 5006 Ross Rd. Hamilton Md ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 30, 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

BIRTHPLACE (city or town) Baltimore (State or country)

10 NAME OF FATHER Walter Mettle

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER A. Naumann

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

Informant Birth certificate
(Address) Walter Mettle

Filed ..... 19 ..... C. EARLSON JONES, M. D.
Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1926, to Dec. 30, 1926, that I last saw him alive on Dec. 30, 1926, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lippy, M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Dec 31 1926

20 UNDERTAKER: H. Sandler & Son — ADDRESS: 1710 Eutaw

Spec—12-23-21—E.B.R.S.—400 Bks. Madeline Reed.

E 17355 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 90 E 17355

1-PLACE OF DEATH University Hospital Registered No.

City of BALTIMORE: (No. Lombard & Greene Sts. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madeline Reed

(a) Residence No. 1930 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female | 4-COLOR OR RACE, White | 5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Edward Reed

7-DATE OF BIRTH (month, day and year) May 29 1905

8-AGE. 21 yrs. 6 mos. 30 ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

BIRTHPLACE (city or town) (State or Country), Balto Md

10-NAME OF FATHER, George Pfeiffer

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto Md

12-MAIDEN NAME OF MOTHER, Sophia Miller

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Balto Md

(Informant) George Edward Reed

(Address) 1118 Carroll St

Filed DEC 31 1926 FRANCIS JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-28-26

17 I HEREBY CERTIFY, That I attended deceased from 12-28 1926 to 12-28 1926

that I last saw h[illegible] alive on 12-28 1926

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompen 4 hrs
Salvarsan (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Fra F. Dodge M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	Jan 1 26, 1927
20-UNDERTAKER.	ADDRESS
George H. Forrest & Co	1101 Eutaw Ave.

ec.—1-12-23—M&T—500 Blks.

E 17356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 ✓

E 17356

REGISTERED NO.

1-PLACE OF DEATH 3760 Culver St

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST. 20-4 WARD)

2-FULL NAME Mrs Marie R. Imhoff

(a) RESIDENCE NO. 455 Brunswick ST, ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of ? Imhoff

ATE OF BIRTH (month, day, and year) Feb 12 1855

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	10	16	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home 037

(c) Name of employer

IRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Henry Rauh

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Knoblock

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

Informant Lillie A. Imhoff

(Address) 455 Brunswick

Filed 1 1926 C. EMERSON JONES, M. D. Registrar Per LH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 12, 1926, to Dec 28, 1926

that I last saw her alive on Dec 28, 1926

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Fibrinous pleurisy

..... (duration) ... yrs. ... mos 5 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency

..... (duration) 26 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 3760 Culver St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clo Phy.

(Signed) Fred T. Kyper, M. D.

, 19 (Address) 3321 Fredk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Dec. 31 1926
20 UNDERTAKER	ADDRESS
George L. Schwaab	2101 Fredk Ave.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17357

CERTIFICATE OF DEATH.

129 E 17357

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Elmora Ave ST. 8-1 WARD)

2-FULL NAME Charles B Waldron

(a) RESIDENCE NO. 3214 Elmora Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced
HUSBAND of (or) WIFE of: Sarah Waldron

DATE OF BIRTH (month, day, and year): March 12 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or ....min.
66. 67		4	17.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Buffalo

10 NAME OF FATHER: John Edward

11 BIRTHPLACE OF FATHER (city or town) (State or country): Buffalo

12 MAIDEN NAME OF MOTHER: Sarah Shriock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Buffalo

Informant: Sarah Waldron
(Address) 3214 Elmora Ave

Filed DEC 31 1926 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 13, 1926, to Dec 29, 1926, that I last saw him alive on Dec 28, 1926, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinosis
Cerebral Hemorrhage

(duration) ... yrs. ... mos. 17 ds.

CONTRIBUTORY (Secondary): Nephritis

(duration) 4 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jacob Fisher, M. D.

12/30 1926 (Address) 1823 N. Front St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Michaels Md.

DATE OF BURIAL: Jan 1 1927.

20 UNDERTAKER: W E Isson

ADDRESS: 841 W 37th

E 17358

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 17358

CERTIFICATE OF DEATH

101-09

1 PLACE OF DEATH — REGISTERED No. C .....

CITY OF BALTIMORE (No. 704 N. Dunmore St. 171 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward E Grant.

(Residence in Baltimore: No. 704 N. Dunmore St.; 41 yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)
Male	Colored	Married

6-DATE OF BIRTH: May 12, 1855 (Month) (Day) (Year)

7-AGE: 71 yrs. 7 mos. 17 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work 044
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant Keeper

9-BIRTHPLACE (State or country) Baltimore

PARENTS

10-NAME OF FATHER Unknown

11-BIRTHPLACE OF FATHER (State or country) Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Susan Grant

(Address) 704 N. Dunmore St

15 DEC 31 1926 191.. C. EMPSON JONES, M. D.

Per ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Dec 29, 1926 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1926 to Dec 29 1926

that I saw h/m alive on Dec 29, 1926

and that death occurred, on the date stated above, at 2.15 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) ..... yrs. ..... mos. 3 ds

Contributory (SECONDARY) —

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jonas Edmunds M. D.

Dec 30, 1926 (Address) 704 N. Dunmore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	12-31-1926
20-UNDERTAKER	ADDRESS
Thos. J. Gahan	1330 Harlem

ec.—1-12-23—M&T—500 Bks.

E 17359 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17359

CERTIFICATE OF DEATH.

11-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 E. Henrietta ST. 22-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Wharton O'Dell

(a) RESIDENCE No. 12 E. Henrietta ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth O'Dell

DATE OF BIRTH (month, day, and year) Sept. 16, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cement Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John S. O'Dell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Emma Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Elizabeth O'Dell

(Address) 12 E. Henrietta St.

Filed [illegible] 1926 19 Per C. MANFRED JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 13/26, 19..., to Dec 30/26, 19..., that I last saw him alive on Dec 30/26, 19..., and that death occurred, on the date stated above, at 10.15 a m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Grippe

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry B. Wells, M. D.

Dec 31/26 (Address) 1203 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Jan 3 1927
20 UNDERTAKER	ADDRESS
John F. Denny	715 Light St

Spec. 12-9-25 A.C. 30-30

Schultz

E 17360 HEALTH DEPARTMENT—CITY OF BALTIMORE

90 ✓ E 17360

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2527 Edmondson Ave. 90-3 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Steven Schultz

(a) RESIDENCE NO. 2527 Edmondson Ave. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ~~Life~~ 69 yrs ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed.

6a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary Louise Schultz.

6 DATE OF BIRTH (month, day, and year): January 1-1853.

7 AGE — Years: 73 — Months: 11 — Days: 29. — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Policeman 61

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Retired.

9 BIRTHPLACE (city or town): Frederick

(State or country): Md.

10 NAME OF FATHER: Conrad Schultz.

11 BIRTHPLACE OF FATHER (city or town): Hessen

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Dorothy Ortwine

13 BIRTHPLACE OF MOTHER (city or town): Hessen

(State or country): Germany.

14 Informant: William H. Schultz

(Address): 216 N. Carey St.

15 Filed JAN 31 1926 C. EASTON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-30-1926.

17

I HEREBY CERTIFY, That I attended deceased from 4-20-1924 to 12-30-1926, that I last saw him alive on 12-29-1926, and that death occurred, on the date stated above, at 5:00 a.m.

The CAUSE OF DEATH* was as follows:

Organic heart disease.

(duration) unknown. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs.

(Signed) Chester Riland, M. D.

12-30-1926 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Jan 1 1927

UNDERTAKER: John D. Denny — ADDRESS: 715 Lights

29—1-12-23—M&T—500 Blks.

E 17361 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. +124 E 17361

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

ITY OF BALTIMORE: (No. ST. 5-V WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Combs

(a) RESIDENCE No. 1367 H. Alley ST. Balto WARD North Carolina
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Female | 4 COLOR OR RACE: Col- | 5 Single, Married, Widowed, or Divorced, (write the word):

If married, widowed, or divorced HUSBAND of or) WIFE of

ATE OF BIRTH (month, day, and year) May 14 1901

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25		7	15	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——— None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) ——— N. C.

10 NAME OF FATHER James Manley

11 BIRTHPLACE OF FATHER (city or town) (State or country) ——— N. C.

12 MAIDEN NAME OF MOTHER Hattie Horton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

Informant Records JOHNS HOPKINS HOSPITAL
(Address)

Filed DEC 31 1926 Per C. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29. 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1926, to Dec 29, 19 26,
that I last saw her alive on Dec 29, 19,
and that death occurred, on the date stated above, at 1.45 a m.

The CAUSE OF DEATH* was as follows:

Cholecystitis, Cholangeitis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? Yes Date of Dec 26 1926 Removal gall bladder

Was there an autopsy? Yes

What test confirmed diagnosis? Post mortem Examination

(Signed) Henry A Pleyer, M. D.

, 19 (Address) Johns Hopkins Hosp Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. DATE OF BURIAL: Dec 31 1926

20 UNDERTAKER: Mrs J. E. Locke ADDRESS: 1302 Jefferson

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

17362 — 90 E 17362

1-PLACE OF DEATH — REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (NO. 2429 Oak, ST. 12-23 WARD)

2-FULL NAME Mary Blanks.

(a) RESIDENCE NO 2429 Oak ST. 12 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4 yrs.			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Own
(c) Name of employer

BIRTHPLACE (city or town) ..... N. C.
(State or country)

10 NAME OF FATHER W. Amos

11 BIRTHPLACE OF FATHER (city or town) N C
(State or country)

12 MAIDEN NAME OF MOTHER Lucy Amos

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

Informant Mary Blanks
(Address) 2429 Oak

Filed ... 192 ... EANSON ... M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29/ 192 2

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Debility
Acute Endocarditis
Heart Dis
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) Guy Morrison, M. D.
(Coroner.)

12/30, 192 2 (Address) 1632 Baker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	12/30/26
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	723 Eastlund Ave

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17363

CERTIFICATE OF DEATH.

744

E 17363

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 937 Rutland Ave St. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Clatterbuck

(a) RESIDENCE NO. 937 Rutland Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or....min.
	about 51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) "

14 Informant Mrs R. A. Elliott

(Address) 1725 Ashland Ave

15 Filed DEC 31 1926 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

_____ (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____ (duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Collins, M. D.

(Coroner)

12/31/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs., ___ mos., ___ ds. In the State ___ yrs., ___ mos., ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Laurel Cemetery	12/31/26

20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1725 Ashland Ave

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17364

CERTIFICATE OF DEATH.

90 ✓ E 17364

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie Thomas

(a) RESIDENCE NO. 532 Carey St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Thomas

6 DATE OF BIRTH (month, day, and year): about 1884

7 AGE — Years: 40 — Months: — Days: — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer:

9 BIRTHPLACE (city or town): Frederick

(State or country): Md

10 NAME OF FATHER: Nathan Darsey

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Winbourne

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): "

14 Informant: Richard Thomas

(Address): 532 Carey St

15 Filed DEC 31 1926 C. [illegible] JONES M. D. Registrar

Per RC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 29, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic Heart disease about

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uremia Dropsy

(duration) yrs. mos. ds.

(Signed) J. C. Kennedy M. D.

(Coroner)

Dec 31, 1926 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star — Date of Burial: Jan 1 1927

20 UNDERTAKER: Sam'l McCrae & Son — ADDRESS: 1400 Mosher

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17365

CERTIFICATE OF DEATH.

100-001

REGISTERED NO. E 17365

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... ST., 7-1 WARD)

2-FULL NAME Elmer Brown

(a) RESIDENCE NO. 1517 Ashland Ave. ST., Balto WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

If married, widowed, or divorced HUSBAND of or) WIFE of Hilda —

DATE OF BIRTH (month, day, and year) April 6 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed DEC 31 1926 C. [illegible] JONES, M. D. Registrar
Per [signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/26

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1926, to Dec 28, 1926, that I last saw h— alive on Dec 28, 1926 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Ac Nephritis

(duration) — yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia, both lungs (duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Lawrence Kaplan, M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	12/30/26
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1723 Ashland Ave

E 17366

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17366

90

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Dent St. St. 713 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Harlacher

(a) RESIDENCE. NO. 209 Dent St. ST., ... WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

6 If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Helen W. Harlacher

DATE OF BIRTH (month, day, and year) July 28 - 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Altoona Pa.

10 NAME OF FATHER John W. Harlacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Altoona Pa.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Altoona Pa

Informant Mrtle M. Hibbard

(Address) 1104 N. Monroe St

DEC 31 1926 EARLE JONES, M. D. Registrar

Per RH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1926

17

I HEREBY CERTIFY, That I attended deceased from 12/22/26, to 12/31/26,

that I last saw h— alive on 12/30/26,

and that death occurred, on the date stated above, at 12 20 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Congestion

(duration) — yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard J. Fenn, M. D.

12/31 1926 (Address) 910 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Jan 3rd 1927
20 UNDERTAKER	ADDRESS
William W. Shriver	1018 Edmondson Ave.

Spec.—F-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17367

CERTIFICATE OF DEATH.

101-001 E 17367

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 May ST., 5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hayes Carr

(a) RESIDENCE NO. 1130 May ST., 5 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Carr

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 49; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: David Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mulcahon

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Sarah Carr

(Address) 1130 May St.

15 Filed 12 31 1926 Per

C. EASTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1926, to Dec 29, 1926, that I last saw him alive on Dec. 29, 1926, and that death occurred, on the date stated above, at 12 45 A. m.

The CAUSE OF DEATH* was as follows:

Tobacco heart

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Robert L Green M. D.

12-30, 1926 (Address) 120 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: 12/31 1926

20 UNDERTAKER: A. Lauren & Bro — ADDRESS 1127 E Balt st

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17368

CERTIFICATE OF DEATH

145-001

E 17368

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St Agnes Hosp. St. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sarah Becker

(a) RESIDENCE NO. 60 Annapolis Ave. St. Balto Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jess Becker

6 DATE OF BIRTH (month, day, and year): Unknown.

7 AGE — Years: 41 — Months: — — Days: — — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town): Russia

(State or country)

PARENTS

10 NAME OF FATHER: Nathan Semmer

11 BIRTHPLACE OF FATHER (City or town): Russia

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Wilk

13 BIRTHPLACE OF MOTHER (city or town): Russia

(State or country)

14 Informant: Jess Becker

(Address): Mount Vernon Md

DEC 31 1926 EARNEST JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14 1926, to Dec. 31st 1926, that I last saw h[illegible] alive on Dec. 30th 1926, and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Intestinal obstruction

following Cesarean Section 2

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theron Hunter M. D.

12/31, 1926 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — Date of Burial: 12/3/1926

20 UNDERTAKER: Sol Linson & Bro — ADDRESS: 1127 E Balto st

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

179

E 17369 — REGISTERED NO. E 17369

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital St., 61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Miles

(a) RESIDENCE NO. 13 N. Dallas St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	col	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXXX

6 DATE OF BIRTH (month, day, and year) Dec 11-25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTAGE

10 NAME OF FATHER Steve Lee

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Etta Miles

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Cambridge, Md.

14 Informant Etta Miles

(Address) 13 N. Dallas St

15 Filed DEC 31 1926 C. EASTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia following Accidental Burns of neck & chest. (Pulled hot tea off table)

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Collins, M. D. (Coroner)

19 12/30/26 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery Date of Burial Jan 1 1927.

20 UNDERTAKER Jos. T. H. Rochester ADDRESS 1413 Hoffman St

Spec.—1-10-21—M&T—1500 Bks.

Dora E. Criddle

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17370

CERTIFICATE OF DEATH.

9° E 17370

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (No. 27-3 ST. ..... WARD)

2-FULL NAME Mrs. Mary E. Criddle.

(a) RESIDENCE NO. 4726 Homer Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Benjamin Criddle.

DATE OF BIRTH (month, day, and year) Jan 18, 1875.

AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	51	11	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Richmond Va.
(State or country)

10 NAME OF FATHER J. C. Morris.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Martha Rudd.

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Walter B. Criddle
(Address) 2906 Rate ave Arlington

15 Filed T 1926 By C. HANSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1926.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1926, to Dec. 25, 1926, that I last saw h er alive on Dec. 25, 1926, and that death occurred, on the date stated above, at 12.15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis.

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) Thos A Dorsey Jr. M. D.

, 19 (Address) 1st Lieut M.C.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	12/31 1926
20 UNDERTAKER	ADDRESS
Geo. Weber & Son	2503 Edmondson

Spec.—1-10-21—M&T—1500 Bks.

E 17371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

143-001

15-13

E 17371

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1726 h. mount ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sally May Blackwell

(a) RESIDENCE NO. 1726 h. mount ST., WARD Georgia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	1	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundry work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): ~~Elberton~~ Elberton Georgia

10 NAME OF FATHER: John Blackwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Elberton Georgia

12 MAIDEN NAME OF MOTHER: Cheny Tate

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Elberton Georgia

Informant (Address): Sarah Blackwell 1726 h. mount

Filed DEC 31 1926 C. EASON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29- 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 7, 1926. to Dec 29. 1926.

that I last saw h e alive on Dec. 29. 1926.

and that death occurred, on the date stated above, at 7.50 p. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) John A. Lampley, M. D.

, 19 (Address) 1400 h. mount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hartwell Ga.

DATE OF BURIAL: 12-31 1926

20 UNDERTAKER: Joseph A. Lively

ADDRESS: 409 N. Monroe St

Spec.—1-10-21—M&T—1500 Bks. (Anna M Rankers.)

E 17372 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17372

CERTIFICATE OF DEATH. 765 74-08

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3338. 2nd ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Ranker

(a) RESIDENCE NO. 3338. 2nd ST., 25 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank X Ranker

DATE OF BIRTH (month, day, and year) Nov 24 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..min.
	68	1	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Wm Stahnke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER H Vallekamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Mrs K Lemke 3338 2nd St

Filed DEC 1 1926 C. RAYMOND JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1926 to Dec 29, 1926

that I last saw h alive on Dec 29, 1926

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R E R Campbell M. D.

Dec 29 1926 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Dec 31 1926
20 UNDERTAKER John Allies	ADDRESS Orleans

Spec.—1-10-21—M&T—1500 Blks.

(Mary Aulbach.)

E 17373 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17373

89

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Guilford Ave ST. 17-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Aulbach

(a) RESIDENCE NO. 2917 Guilford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Aulbach

DATE OF BIRTH (month, day, and year) Nov 15/1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	67	1	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Geo. Gebelein.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Reinmuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John G. Aulbach 2917 Guilford Ave

15 Filed 1926 Per C. HANSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1926, to Dec 29, 1926, that I last saw h[illegible] alive on Dec 29, 1926, and that death occurred, on the date stated above, at 4.30 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 7 mos. 2 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin B. Duncan M. D.

19 (Address) 718 W. Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Jan 1927
20 UNDERTAKER	ADDRESS
Otto Ulrich	208 Orleans

...—1-12-23—M&T—500 Bks.

E 17374 HEALTH DEPARTMENT—CITY OF BALTIMORE 1001 E 17374

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Cardine & Aliceri St. 5-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby - Shirley Ann Kirwan

(a) RESIDENCE NO. 1308 E. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single —

If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 27 - 1926

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
		1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER William Kirwan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret McGinnis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Haven Conn.

Informant William Kirwan

(Address) 1308 E. Baltimore St

Filed 1926 EARLE B. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 27 . 1926 . to Dec 29 . 1926 .

that I last saw her alive on Dec 29 . 1926 ,

and that death occurred, on the date stated above, at 9:05 p. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical -

(Signed) Clarence K. Worral, M. D.

(Address) St Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem.

DATE OF BURIAL: Dec 31 1926

20 UNDERTAKER: Margaret G. Flynn

ADDRESS: 1422 Light St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17375

CERTIFICATE OF DEATH.

94 E 17375

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1645 N. Milton Ave St., 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Awalt

(a) RESIDENCE NO. 1645 N. Milton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Awalt

6 DATE OF BIRTH (month, day, and year) Sept 16/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna.

10 NAME OF FATHER Valentine Myers

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Joseph W Awalt

(Address) 1645 N. Milton Ave

15 Filed 1926 C. EARLE JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28/25

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Paller, M. D. (Coroner)

12/30/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Dec 31 1926

20 UNDERTAKER: Robt J Turner & — ADDRESS: 1493 N Broadway

ec.—1-12-23—M&T—500 Bl's.

E 17376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59-002

E 17376

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N. Washington ST. 6-2 WARD)

2-FULL NAME Josephine J Finch

(a) RESIDENCE NO. 202 N. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 6 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balt

10 NAME OF FATHER Henry Finch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Marie Wever

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

Informant Marie Finch
(Address) 202 N Washington

Filed 3 T 1926 By C. Edmon Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/4, 1926, to 12/31, 1926.

that I last saw h alive on 12/30, 1926

and that death occurred, on the date stated above, at 7½ m.

The CAUSE OF DEATH* was as follows:

Premature Infant

Paten Foramen Ovale

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Concussion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Daniel Baetjer, M. D.

, 19 . (Address) 5 E Cold

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 31 1926
20 UNDERTAKER	ADDRESS
Windell Diffendal & Son	37½ Pm

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17377

CERTIFICATE OF DEATH.

161-002

REGISTERED NO. E 17377

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Jones

(a) RESIDENCE NO. Bradshaw, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 31, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....brs. or 32 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Kenneth Elmer Jones

11 BIRTHPLACE OF FATHER (city or town) [illegible] Point

(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Marie Evans

13 BIRTHPLACE OF MOTHER (city or town) Lonaconing

(State or country) Md.

14 Informant Mrs. Margaret Jones

(Address) Bradshaw, Md.

15 Filed DEC 31 1926 C. LEARNED JONES, M. D. Registrar

per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1926, to Dec 30, 1926, that I last saw h.. alive on Dec. 30, 1926, and that death occurred, on the date stated above, at 11:45 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Skull

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Bradshaw, Md.

Did an operation precede death? Yes Date of Dec. 30, 1926

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) R. Clark Grove, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery, Bradshaw — Date of Burial Dec 31 1926

20 UNDERTAKER David Davidson — ADDRESS Upper Falls

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-002

E 17378

1-PLACE OF DEATH

REGISTERED NO. E 17378

City of BALTIMORE: (No. St. Agnes Hospital St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME A. Fred Schuh

(a) RESIDENCE NO. 503 N. Fulton St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 23, 1875

7 AGE: Years 51 — Months 1 — Days 7 — IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER: not known Andreas Schuh

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): "

14 Informant: Friend – Mrs. J. Mac Miller

(Address): 503 N. Fulton St

15 Filed 1926 C. [illegible] Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/30 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/28, 1926, to 12/30, 1926, that I last saw h[illegible] alive on 12/30, 1926, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Perforated Duodenal Ulcer

Peritonitis

(duration) one yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Acute Diffuse Nephri-

tis (duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 12-28-26

Was there an autopsy? Yes

What test confirmed diagnosis? Surgical operation & clinical

(Signed) A. O. Krumpe, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL – Trinity Cem — Date of Burial Dec 31 1926

20 UNDERTAKER George F. Smith — ADDRESS 53 L Hollins

Spec.—1-10-21—M&T—1500 Blks.

E 17379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129 E 17379

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Old Orchard Rd. Fem Hills 17-K WARD)

2-FULL NAME Milly B. Thomas

(a) RESIDENCE NO. 514 Old Orchard Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr Wm Dulany Thomas

6 DATE OF BIRTH (month, day, and year) Feb 7, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER David Beale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Dr Wm D. Thomas (Address) 514 Old Orchard Rd

15 Filed JAN 3 1927 C. EARLE JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1926. to Dec. 29, 1926. that I last saw her alive on Dec 29, 1926., and that death occurred, on the date stated above, at 11.15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. 0 mos 27 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C. J. Dolvin, M. D.

12-30 1926 (Address) 800 N 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Jan 1 1927
20 UNDERTAKER George J Smith	ADDRESS 1162 Hollins

ec.—1-12-23—M&T—500 Blks.

E 17380
9849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60-002 E 17380

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... ST. 17-1 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie Lerman

(a) RESIDENCE NO. 1345 Argyle St ST., City WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
~~HUSBAND of~~ or) WIFE of Frederick Lerman

DATE OF BIRTH (month, day, and year) unk

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
	48 yrs.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md -
(State or country)

10 NAME OF FATHER Solomon Barnett

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Locke

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Records -
(Address)

Filed 12 31 1926 EDWIN JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec - 29 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec - 16 , 1926 , to Dec - 29 , 1926 ,
that I last saw her alive on Dec - 29 , 1926 ,
and that death occurred, on the date stated above, at 1130 P. m.

The CAUSE OF DEATH* was as follows:

Colloid goitre

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Postoperative shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —for goitre

Did an operation precede death? Yes Date of Dec 29-26

Was there an autopsy? No

What test confirmed diagnosis? Path Exam

(Signed) Warfield M Theobald, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levindale Cem

20 UNDERTAKER H. Sumner Hawkins

DATE OF BURIAL 12/31 1926

ADDRESS 578 N Eddle

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17381

118-002

CERTIFICATE OF DEATH.

E 17381

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St., 7-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm. Johnson

(a) RESIDENCE NO. 1015 Argyle Ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary B. Johnson

6 DATE OF BIRTH (month, day, and year): About 1882

7 AGE: Years 44 Months _____ Days _____ IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer): _____

(c) Name of employer: _____

9 BIRTHPLACE (city or town): _____

(State or country): Va.

10 NAME OF FATHER: Gilbert Johnson

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Fanny Cox

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Va.

14 Informant (Address): West Balto. Gen. Hosp. Roberts Ave.

15 Filed 12/31 1925 Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) .....yrs. .....mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Dec 29 1926 (Address) 2807 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial 12/31 1926

20 UNDERTAKER: Samuel T. Hemsley ADDRESS 578 N. Eutaw St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17382

CERTIFICATE OF DEATH.

14-001 E 17382

1-PLACE OF DEATH

City of BALTIMORE: (No. 528 N. Biddle St. 17-2 Ward)

REGISTERED NO._____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charlotte Hopkins

(a) RESIDENCE NO. 528 N. Bidd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Hopkins

6 DATE OF BIRTH (month, day, and year): Aug. 15, 1864

7 AGE: Years 62 Months 4 Days 18 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Md.

10 NAME OF FATHER: Lewis Wilson

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Green

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Ernest Hopkins

(Address): 528 N. Bidd St.

DEC 31 1925 BALTIMORE CITY, M. D.

Per _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 25, 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) no other history

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. T. Hennessy M. D.

(Coroner)

(Address) 2802 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem Date of Burial 12/31 1925

20 UNDERTAKER: Samuel T. Howe Sons ADDRESS 1178 N. Biddle St

Cor.—1-12-26—M&T—100 Bks.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17383

CERTIFICATE OF DEATH.

66 E 17383

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Dukeland St. 16-3 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martin J. Heller

(a) RESIDENCE NO. 915 Dukeland ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline E. Heller

6 DATE OF BIRTH (month, day, and year) Jan 18, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sheet Metal Worker,
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Jacob Heller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Christina Haberer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Pauline E. Heller
(Address) 915 Dukeland St.

Filed DEC 31 1926 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30th 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic alcoholism
Multiple
(Duration.)

(duration) 1 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) D. T. Hennessy, M. D.
(Coroner.)

Dec. 31, 1926 (Address) 2702 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western	Jan 1 1927

UNDERTAKER Mr. & Mrs. John W. Pendleton ADDRESS 801 W. Fayette

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17384

CERTIFICATE OF DEATH.

74-001 E 17384

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 S Charles ST. 23-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Hartig

(a) RESIDENCE NO. 1702 S. Charles ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. G. Hartig

DATE OF BIRTH (month, day, and year) Aug 17 - 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min
	56	4	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm. M. Pirie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Letitia Gantt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Wm. G. Hartig

(Address) 1702 S. Charles

Filed 1926 E. FANCOY JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926, to Dec 29, 1926

that I last saw her alive on Dec 29, 1926

and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. E. Campbell M. D.

12/31/26 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	1/1 1927
20 UNDERTAKER	ADDRESS
J. Finn McCully	130 E. Fort

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17385

CERTIFICATE OF DEATH.

66 E 17385

REGISTERED NO. 1

1-PLACE OF DEATH Pronounced dead

City of BALTIMORE: (No. Balto City Hos. Ward)

2-FULL NAME Walter Martin

(a) RESIDENCE NO. 1605 Fleet St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
about	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unk

14 Informant James M Fenton

(Address) 1700 E Chase St

15 Filed 1-1926 C. EARLE JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Alcoholism

(duration) yrs. Immediate mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James M Fenton, M. D. (Coroner)

12 28 1925 (Address) 1700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Blacksburg S C. Date of Burial Dec 31 1925

20 UNDERTAKER Daniel Everton ADDRESS 916 Penna Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17386

CERTIFICATE OF DEATH.

31 E 17386

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 332 Dom St 72-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susie Corbin

(a) RESIDENCE NO. 332 Dom St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fe

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1, 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33 yr		27 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer): 70

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Gloucester Co., Va.

PARENTS

10 NAME OF FATHER George Corbin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Gloucester Co. Va.

12 MAIDEN NAME OF MOTHER Riley St. Clair

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Gloucester Co. Va.

14 Informant Lucy Corbin

(Address) 332 Dom St

Filed 1926 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1926, to Dec 27, 1926, that I last saw h__ alive on Dec 27, 1926, and that death occurred, on the date stated above, at 10:15 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. L. Johnson, M. D.

, 19 (Address) 2529 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloster Point Va Date of Burial 12, 31, 1926

20 UNDERTAKER: Mrs Jee A Hooper ADDRESS 406 W Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17387

CERTIFICATE OF DEATH.

188-003

E 17387

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hosp. St. 15-13 Ward)

2-FULL NAME Frances B. Parkinson

(a) RESIDENCE NO. 1723 N. Monroe St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. ?. Parkinson

6 DATE OF BIRTH (month, day, and year) Sept. 2, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40	2 27		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____ Dec. 3, 1926

(State or country) Va.

PARENTS

10 NAME OF FATHER Francis T. Brinkley

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine H. Thompson

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) N. C.

14 Informant Francis T. Brinkley

(Address) 1723 N. Monroe St

1926 C. EMPSON JONES, M. D. Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of skull automobile accident

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. T. Hennessy M. D. (Coroner)

Dec. 30, 1926 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park Cemetery.	Jan. 1st 1927

20 UNDERTAKER Martin Fahey & Sons. ADDRESS 827 W. 40th Ave.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17388

CERTIFICATE OF DEATH.

199 E 17388

1-PLACE OF DEATH

City of BALTIMORE: (No. 418 St. Mary's St. 11-W Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Amelia Gerard

(a) RESIDENCE NO. 418 St. Mary's St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. Gerard

6 DATE OF BIRTH (month, day, and year) about 1858

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country)

14 Informant Julia Dixon

(Address) 404 Pearl St.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 24 1926

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st, 2nd, & 3rd degree burns of body.

CONTRIBUTORY (Secondary) Kidney trouble & oil lamp (light)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy, M. D.

(Coroner)

(Address) 2502 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem Date of Burial Dec 31 1926

20 UNDERTAKER Daniel Easton ADDRESS 916 Eutaw

T 1926 C. HANSON JONES, M. D., Registrar.

Per

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17389

CERTIFICATE OF DEATH.

E 17389

188-003

1-1

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~Johns Hopkins Hospital~~ St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Schlonia (Schilan)

(a) RESIDENCE NO. Sparrows Point Md. 10th St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXX X

6 DATE OF BIRTH (month, day, and year) Jan 18/1899

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Tin Mill

(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town)

(State or country) Trieste Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Valario Tomberino

(Address) 123 Lloyd St

15 Filed 1926 C. EARNSON JONES, M. D. Registrar

Per C.E.J.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 26/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Hemorrhage-Ruptured Perineum & torn Urethra. Accident struck by Auto-bus on Dec 25/26 Phila Rd & 16th St.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Pallen, M. D.

(Coroner)

12/31 19/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Date of Burial Jan 1 1927

20 UNDERTAKER Waddell & Lappel ADDRESS 305 E Balto

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

100-001

E 17390

CERTIFICATE OF DEATH

E 17390

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 644 E Clement St. 24-1 Ward)

2-FULL NAME Emma C Hendricks

(a) RESIDENCE NO. 644 E Clement St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur S Hendricks

6 DATE OF BIRTH (month, day, and year): June 17 1846

7 AGE: Years 80; Months 6; Days 13; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: at home

9 BIRTHPLACE (city or town): Balto

(State or country): Md

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Not Known

PARENTS

14 Informant: Catherine E Myers

(Address): 644 E Clement St

1926 C. E. Carson Jr. M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21 1926 to Dec. 30, 1926, that I last saw h.. alive on Dec. 30, 1926, and that death occurred, on the date stated above, at 12 25 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) W. T. Sidbury, M. D.

1-30, 1926 (Address) 636 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A A Cs — Date of Burial 1-3 1927

20 UNDERTAKER: C & B Hale — ADDRESS 1158 N Ave

Spec.-7-17-26—A Co.—200 Bks.

ANNA L. RUSSELL

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17391 + 129 E 17391

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna L. Russell

(a) RESIDENCE NO. Randallstown St. Ward Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced Remarried

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anderson Russell

6 DATE OF BIRTH (month, day, and year) May 21-1881

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Randallstown, Md.
(State or country)

PARENTS

10 NAME OF FATHER Joshua Brock

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mildred L. Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant A. Anderson Russell
(Address) Granite, Md.

15 Filed 1 1926 C. EMERSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
Dec. 30, 1926

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1926, to Dec. 30, 1926
that I last saw her alive on Dec. 30, 1926
and that death occurred, on the date stated above, at 5.15 P. m.
The CAUSE OF DEATH* was as follows:

1. Chronic Interstitial Nephritis
2. Hypertension and Angina
3. Myocardial hypertrophy & dilatation

(duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cellulitis Abdominal wall

(duration) yrs. mos. 3 ds.

18 Where was disease contracted
if not at place of death? Randallstown Md.
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Rhinoscopic, Blood Chemistry
(Signed) H. S. Anderson M. D.
19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loders (Balto Co) Md	Jan. 1 1927
20 UNDERTAKER Horace F. Birgel	ADDRESS 3231 Rd

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

180-001 E 17392

E 17392

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 259 E. Hamburg Street. St., 24-1 Ward)

2-FULL NAME Unetta L. Flaxcomb

(a) RESIDENCE NO. 259 E. Hamburg St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 2, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	0	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Arthur E. Flaxcomb.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Augusta E. Stevens.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant Augusta R. Flaxcomb. (mother)

(Address) 259 E. Hamburg St.

15 1927 C. [illegible] JONES, M. D. Registrar

For [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30, 1926. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Asphyxiation.
Smothered by becoming entangled in bed clothing.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto M. Reinhardt M. D.
(Coroner)

12/31 1926 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. Date of Burial: Jan 1 1927

20 UNDERTAKER: E. Schloman & Son ADDRESS: 1039 Hanover st

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17393

CERTIFICATE OF DEATH.

29E 17393

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3634 Maple Ave (13 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emphriam T Nash

(a) RESIDENCE. NO. 3634 Maple Ave WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie A Nash

6 DATE OF BIRTH (month, day, and year) April 22 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Hand

(b) General nature of industry, business, or establishment in which employed (or employer) O H C

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

10 NAME OF FATHER John Nash

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George E Nash (Address) 3634 Maple Ave

15 1927 C. THAWSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1926, to Dec 30th, 1926, that I last saw him alive on Dec 30th, 1926, and that death occurred, on the date stated above, at 530 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. nephritis C. F. Senility (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) B. O. Fillmore, M. D.

12/30, 1926 (Address) 3611 Falls Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Jan 1 1927
20 UNDERTAKER	ADDRESS
Ehenouth Son	3617 Chestnut Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17394 ✓ 49 E 17394

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Univ. Hosp. St. 134 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Grimes

(a) RESIDENCE NO. 3625 Ceder Ave St. Ward Milford Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min..
	63	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) "
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs J. L. Thomas
(Address) 3625 Ceder Ave

15 Filed 1927 C. EMERSON JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/16, 1926, to 12/31, 1926

that I last saw h[illegible] alive on 12/31, 1926

and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Head of Pancreas

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) C. Emerson Jones M. D.

12/31, 1926 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Milford Va. Date of Burial Jan 2, 1927

20 UNDERTAKER Chenowethson ADDRESS 3617 Chestnut Ave

Spec.—12-9-25—A Co—200 Bks.

(Everett Randolph)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17395

E 17395

38

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Balto City Hospital St. 23-1 Ward)

2-FULL NAME Everett Randolph

(a) RESIDENCE NO. 921 Leadenhall, St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1864

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Va

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Lila Thacker

(Address) 2534 McCulloh

15 1927 C. EARLE JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1926, to Dec. 30, 1926

that I last saw h alive on Dec. 30, 1926

and that death occurred, on the date stated above, at 1.35 a m.

The CAUSE OF DEATH* was as follows:

Lobular Aortitis

Chronic Myocarditis

Chronic Interstitial Nephritis

(duration) Unknown yrs. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Bagwell, M. D.

, 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Laurel Cem Jan 1 1927

20 UNDERTAKER ADDRESS 1027

John H. Toadvine Druid Hill

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17396 ✓ E 17396

CERTIFICATE OF DEATH.

9-5129

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2204 Aiken St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Margaret D. Marshall

(a) Residence No. 2204 Aiken St.
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Marshall

6-DATE OF BIRTH (month, day and year) Aug 5 - 1873

7-AGE. 53 yrs. 4 mos. 25 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). Own
(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto. Md. (State or Country),

PARENTS.

10-NAME OF FATHER. Wm. L. E. McMaines

11-BIRTHPLACE OF FATHER (city or town) Ireland (State or Country),

12-MAIDEN NAME OF MOTHER. Anna Humphrey

13-BIRTHPLACE OF MOTHER (city or town) Md. (State or Country),

14-(Informant) Wm. H. Marshall

(Address) 2204 Aiken St

15-Filed ..... 19..... C. [illegible] JONES, M. D. Registrar.

1927 Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-30-26

17- I HEREBY CERTIFY, That I attended deceased from Dec 23, 1926, to Dec 30, 1926, that I last saw h.. alive on Dec 30, 1926, and that death occurred, on the date stated above, at 10:20 a. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis Nephritis & Myocarditis

(Duration) ..... yrs. ..... mos. 10 ..... ds.

CONTRIBUTORY (Secondary) Inflammation Gall Bladder, Kidneys & Heart

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. O. Carman, M. D.

12-31-1926 (Address) 1707 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. Jan 1 4 1927

20-UNDERTAKER. William H. Valentine ADDRESS 2226 Aiken St.

pec.—1-12-23—M&T—500 Bks.

97 856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17397

CERTIFICATE OF DEATH.

E 17397

REGISTERED NO. 31

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16 W. ST.) WARD)

2-FULL NAME Willie James

(a) RESIDENCE NO. 848 Pine ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

6a If married, widowed, or divorced, HUSBAND of or) ~~WIFE~~ of Edith James

6b DATE OF BIRTH (month, day, and year) unknown 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Chicago Ill

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Records

(Address)

15 1927 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1926, to Dec 29, 1926, that I last saw him alive on Dec 29, 1926, and that death occurred, on the date stated above, at 6.43 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension, ~~Cardio~~ Myocardial insufficiency

Arteriosclerosis, Chr. Nephritis

Primary (duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Primary

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Milton Sherrill, M. D.

12-30-1926 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 1 1927
20 UNDERTAKER	ADDRESS
Sam W Case & Son	1400 Madison

pec.—1-12-23—M&T—500 Bks.

E 17398

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17398

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Duncan St., 6-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Musil.

(a) RESIDENCE NO. 115 N. Duncan St., WARD 6th.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., If of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (WIFE) Mrs Carrie Musil.

DATE OF BIRTH (month, day, and year) 1878 January

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	1878	January	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor.

(b) General nature of industry, business, or establishment in which employed (or employer) Sonneborn.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John Musil.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Trojan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia.

Informant Mrs. Carrie Musil.
(Address) 115 N Duncan St.

Filed 1927, 19 C. EMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926

17

I HEREBY CERTIFY, That I attended deceased from July, 1926, to Dec 31, 1926, that I last saw him alive on Dec 31, 1926, and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration
Pulmonary emphysema probably
cardiac pleurisy (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Pokorny M. D.

. 19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill Cemetery

DATE OF BURIAL January 2 1927

20 UNDERTAKER August Rusek

ADDRESS 2406 Eastern Ave

Spec—12-23-21—E.B.R.S.—400 Bks.

E 17399

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17399

CERTIFICATE OF DEATH.

4-1 74-001

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 230 N. Greene St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Laura V. Byrnes

(a) Residence No. 230 N. Greene St. St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	W	Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J Byrnes

6-DATE OF BIRTH (month, day and year) April 25 57

7-AGE. 75 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED 03

(a) Trade, profession, or particular kind of work. Home

(b) General nature of Industry, business, or establishment in which employed (or employer). Work at Home

(c) Name of employer.....

9-BIRTHPLACE (city or town) Balto (State or Country), Md.

PARENTS:

10-NAME OF FATHER, Alfred P Armstrong

11-BIRTHPLACE OF FATHER (city or town) ..... (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Hollon

13-BIRTHPLACE OF MOTHER (city or town) ..... (State or Country), Md.

11- (Informant) Edj Byrnes

(Address) 230 N Greene

13- Filed JAN 1927 1927 C. HAMPSON JONES, M. D. Registrar.
Per ARK

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Dec 31 26

17- I HEREBY CERTIFY, That I attended deceased from Dec. 25 1926 to Dec. 31 1926 that I last saw h[illegible] alive on Dec. 31 1926 and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 1 yr. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) ..... yrs. ..... mos. 7 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Physical Signs

(Signed) R. C. Metzel M. D.

12/31, 1926 (Address) 1903 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cem	Jan 2, 1927
20-UNDERTAKER.	ADDRESS.
H M Routson	2230 N Broadway

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17400

CERTIFICATE OF DEATH.

94-001

E 17400

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Gen Hospital 15-7 Ward)

2-FULL NAME John Wesley Evans

(a) RESIDENCE NO. 3043 N North Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Evans

6 DATE OF BIRTH (month, day, and year) 4/24/52

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	74	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Dairy Man

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Md.

PARENTS

10 NAME OF FATHER Lewis Evans

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md.

12 MAIDEN NAME OF MOTHER Buckingham

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Lewis Evans

(Address) 3043 N North

15 Filed 1927 C. EARLSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30, 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary) Uncertain history

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. E. Hagerman M. D.

(Coroner)

Dec. 31, 1926 (Address) 250 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Co Md. Date of Burial Jan 2 1927

20 UNDERTAKER W M Routson ADDRESS 223 N Fulton

Cor.—12-9-25—A Co.—200 Bks.

E 17401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

113 E 17401

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1433 E. Eager St St 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith Cromie

(a) RESIDENCE NO. 1433 E. Eager St St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) Oct 7/26

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Chester M. Cronie

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Grace Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto., Md.

14 Informant Chester M. Cronie

(Address) 1433 E. Eager St.

15 1927 C. EARLE JONES, M. D.

Per ARM Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31-26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Gastro-intestinal Indigestion-

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Roe, M. D.

(Coroner)

12/31/26 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial Jan 1st 1927

20 UNDERTAKER L. Lauren Bernard — ADDRESS 729 W. Lafayette Ave

Spec.—12-9-25—A Co.—200 Blks.

E 17402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 17402

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals St., 324 Ward)

2-FULL NAME Annette Russell (Ruchlevich)

(a) RESIDENCE NO. 528 S. Bond st. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Russell

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Hospital Records

(Address)

15 Date 1927 C. HANSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 December 31, 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1926, to Dec. 31, 1926, that I last saw h.. alive on Dec. 31, 1926, and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? ~~No~~ Clinical & Autopsy

What test confirmed diagnosis?

(Signed) W. E. Gallemp, M. D.

12-31-26 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. Date of Burial Jan 3 1927

20 UNDERTAKER George E. Weber ADDRESS 2205 Bank st.

spec.—1-12-23—M&T—500 Blks.

E 17403 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17403

CERTIFICATE OF DEATH. 27-373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4902 Park Heights Ave ST.) (WARD)

2-FULL NAME Annie E Rice

(a) RESIDENCE NO. 4902 Park Heights Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 10 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	8	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Talbot Co Md

10 NAME OF FATHER: James A Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Co Md

12 MAIDEN NAME OF MOTHER: Martha A Dean

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co Md

Informant (Address): Mrs F. C. Mac Isaacs Belmont Dell

Filed 1927 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1926, to Dec 31, 1926, that I last saw her alive on Dec 30, 1926, and that death occurred, on the date stated above, at 4 10 p m.

The CAUSE OF DEATH* was as follows:

Chronic Spinal Muscular Atrophy

(duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) C. B. Turner, M. D.

12-31, 1926 (Address) 5106 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Easton Md — DATE OF BURIAL: Jan 2 1927

20 UNDERTAKER: Wickham Bros — ADDRESS: 5225 Park Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

74-001

74 E 17404

17404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 19 Markley Ave St., 27-12 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Karolina Frank

(a) RESIDENCE NO. 19 Markley Ave. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John C. Frank

6 DATE OF BIRTH (month, day, and year): Aug 1. 1857

7 AGE — Years: 69 — Months: 4 — Days: 30 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town)..... (State or country): Germany

PARENTS

10 NAME OF FATHER: Ernest Schmidt

11 BIRTHPLACE OF FATHER (city or town)..... (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Katherina Ehse

13 BIRTHPLACE OF MOTHER (city or town)..... (State or country): Germany.

14 Informant: Lena Frank

(Address) 19 Markley ave

Filed 1927 C. HAMPSON JONES, M. D. Registrar

By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 31 1926

I HEREBY CERTIFY, That I attended deceased from December 30 1926, to December 31 1926, that I last saw h... Ev alive on December 30 1926, and that death occurred, on the date stated above, at 12.40 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) ...yrs. ...mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hallie V. A. May M. D.

12-31, 1926 (Address) 1032 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem — Date of Burial: Jan 2 1927

20 UNDERTAKER: Wm. Wm. John W. Teufel & Son — ADDRESS 801 N. Fayette

Cor.—12-9-25—A Co.—200 Bkz.

E 17405

HEALTH DEPARTMENT—CITY OF BALTIMORE

181-001 E 17405

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 634 W Fayette St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E Pabst

(a) RESIDENCE NO. 634 W Fayette St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Wm Barbell

(c) Name of employer

9 BIRTHPLACE (city or town) Jamsville

(State or country) Ohio

PARENTS

10 NAME OF FATHER F C Yates

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Alta Webster

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ohio

14 Informant E A Yates

(Address) Akron O

15 1927 C. HANSON JONES, M. D., Registrar

Per _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/27/ 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Subacute Gas Poison

Gas Last discomfort from

stove (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable accident

(duration) yrs. mos. ds.

(Signed) Manuel H Fowler, M. D.
(Coroner)

1/1, 1927 (Address) 3825 Pat Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Quaker City Ohio — Date of Burial Jan 1 1927

20 UNDERTAKER Jos Fenson & Bro — ADDRESS 427 E Baltimore St

Spec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17406

CERTIFICATE OF DEATH.

185E 17406

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N Pearl ST., 4-1 WARD)

2-FULL NAME Margarita Tibbs

(a) RESIDENCE NO. 226 N Pearl ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 11th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	1	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Tibbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elsie Gholston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Pa

14 Informant Elsie Tibbs (Address) 226 N Pearl St

15 1927 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31st 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1926, to Dec 31st, 1926, that I last saw her alive on Dec 29th, 1926, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Traumatic Abscess of Knee joint Caused by falling down stairs (duration) yrs — mos 15 ds.

CONTRIBUTORY (Secondary) Sepsis (duration) yrs — mos. 5 ds.

18 Where was disease contracted if not at place of death? — Records

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms etc

(Signed) Edward E. MacGregor M. D.

Jany 1. 1927 (Address) 133 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery DATE OF BURIAL Jan 1927

20 UNDERTAKER Hatch R. Williams ADDRESS 322 N. Schroeder St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

159-001

E 17407

CERTIFICATE OF DEATH.

E 17407

REGISTERED NO. 27-43

1-PLACE OF DEATH

City of BALTIMORE: (No. 12 Bellwood Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles M Scott Jr

(a) RESIDENCE NO. 12 Bellwood Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married, Widowed,~~ or Divorced, (write the word): Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15 /26

7 AGE — Years | Months | Days: 16 / 17 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Charles M Scott

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Jennie J McClain

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Charles M. Scott

(Address) 12 Bellwood Ave.

15 Filed ..... 19 ..... Registrar

1927 C. [illegible] Jones

For [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926, to Jan 1, 1927, that I last saw him alive on Dec 28, 1926, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus

Spina Bifida

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Insanition Myocardial Insuff.

(duration) yrs. mos. 9 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? W. R. Kline

(Signed) [illegible] M. D.

19 (Address) 1516 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial: Jan 1 1927

20 UNDERTAKER: Jas E. Hilleary Sr — ADDRESS: 2334 Eutaw St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

90 E 17408

CERTIFICATE OF DEATH.

E 17408
1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 925 W Fayette St. 18-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Enoch Brooks

(a) RESIDENCE NO. 925 W Fayette St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Nut Farm
(c) Name of employer

9 BIRTHPLACE (city or town): Kent Co.
(State or country): Md

PARENTS

10 NAME OF FATHER: Samson Brooks

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Md

12 MAIDEN NAME OF MOTHER: Louisa Felcer

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Md

14 Informant: Ella Jones
(Address) 936 S Eutaw St

15 1927 C. EASTON JONES, M. D.
Registrar
Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/30/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Wm. H. Buehler M. D.
(Coroner)

, 19 26 (Address) 325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sharp St. Mem. Cath. Cem. Co. Date of Burial: Jan 29 1927

20 UNDERTAKER: Samuel F. Hemsley ADDRESS 375 N Eddew St

Spec.—I-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17409

CERTIFICATE OF DEATH.

E 17409

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Smallwood ST. 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Stearenberg

(a) RESIDENCE No. 1629 Smallwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., If of foreign birth? 21 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Stearenberg

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nelson Hamick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Goldie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Stearenberg (Address) 1629 Smallwood St

15 Filed 1927, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1926, to Jan 1st, 1927, that I last saw h alive on Dec 31, 1927 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Cerebral embolism causing instant death

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of in October

Was there an autopsy? no

What test confirmed diagnosis? Post operative microscopical examination

(Signed) B. Kadri, M. D.

, 19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Wash. Road — DATE OF BURIAL 1/7 1927

20 UNDERTAKER Jack Lewis — ADDRESS 1419 E Pratt 28

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 E 17410

E 17410

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 39. S. Washington St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph. Wozniak

(a) RESIDENCE NO. 39. S. Washington St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not. Known

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE: Years About 76 Months 0 Days 0 IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None, gd

(b) General nature of industry, business, or establishment in which employed (or employer): " "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Rev. Krzewalo

(Address) 39 S. Washington

15 1927 C. F. WILSON JONES, M. D. Registrar

Per ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 30 26

17 I HEREBY CERTIFY, That I attended deceased from June 30, 19 26, to June 30, 19 26

that I last saw h~~im~~ alive on June 30, 19 26

and that death occurred, on the date stated above, at 11.4. m.

The CAUSE OF DEATH* was as follows:

Chronic Asthma

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine M. D.

(Address) 1Y S. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus

Date of Burial: 1/3 19 27

UNDERTAKER: Wm. Kaczorowski

ADDRESS: 1618 Eastern

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 17411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17411

CERTIFICATE OF DEATH.

REGISTERED NO. 27-11

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5 Sylvan ave (St.) 27-11 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sophia Dunkley

(a) RESIDENCE. No. 5 Sylvan ave St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Geo W Dunkley

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10 NAME OF FATHER Isidor Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Horner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo I Dunkley
(Address)

15 Filed JAN 3 - 1927 C. E. BANESON JONES, M. D. Registrar
Per RR14

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1926

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to Dec 30 1926

that I last saw her alive on Dec 29 1926

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Locomotor Ataxia
from history (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Mosher, M. D.

Dec 31 1926 (Address) 3100 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 3rd 1927

20 UNDERTAKER Johannah Claybrook ADDRESS 1004 Riggs st

Spec.—1-12-23—M&T—500 Blks.

E 17412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17412

CERTIFICATE OF DEATH.

101-06

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Boyd St. 70-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. H. Braun

(a) RESIDENCE NO. 2100 Boyd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie M Braun

6 DATE OF BIRTH (month, day, and year): Sept 13, 1888

7 AGE: Years 38 Months 3 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Standard Ins. Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Henry Braun

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Anna Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Marie M Braun

(Address): 2100 Boyd St

1927 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1926, to Dec 30, 1926, that I last saw him alive on Dec 30, 1926, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman, M. D.

Dec 31 1926 (Address) 1687 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Jan 3 1927

20 UNDERTAKER: William Cook

ADDRESS: E Madison

Spec.–7-17-26—A Co.—200 Bks.

Bishops' Shreidans 4 Lake Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17413

CERTIFICATE OF DEATH

E 17413

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 5616 Pratt Ave St. Ward)

2-FULL NAME Stephen Lilton Douglas

(a) RESIDENCE NO. 5616 Pratt Ave St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen

6 DATE OF BIRTH (month, day, and year) Aug 9- 1890

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	36	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Photographer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Stephen Douglas

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Belle Brann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs Stephen Douglas

(Address) 5616 Pratt Ave.

15 Filed 1927 C. GAILSON JONES, M. D. Registrar

Per HRW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 31 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1926 to Dec 31 1926

that I last saw he alive on Dec 31 1926

and that death occurred, on the date stated above, at 7-35 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted Same

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) S. W. Bishop, M. D.

Dec 31 1926 (Address) 501 Shenandoah

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial 19
Parkwood Jan. 3	27
20 UNDERTAKER	ADDRESS
Fun Corle. 502 E Balto	

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17414

CERTIFICATE OF DEATH.

X 21 E 17414

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital H-3 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William O'Connor

(a) RESIDENCE No. 15 E. Mulberry St ST., WARD

(Usual place of abode) Non Resident

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Dec 1879

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Dennis O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Monahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant W. J. Connor

(Address) Richmond Va.

15 Filed 1927, 19 Samson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1927, to Dec 28, 1927, that I last saw him alive on Dec 28, 1927, and that death occurred, on the date stated above, at 10:45 p. m.

The CAUSE OF DEATH* was as follows:

Erysipelas Faciales

(duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

12/31 1927 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Dec 30 1927
20 UNDERTAKER J. H. Cook	ADDRESS 722 E. Fayette

August - Irvine 2505 S. Gilmor

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17415

CERTIFICATE OF DEATH

90 E 17415

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1813 W. Franklin St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Hurley

(a) RESIDENCE NO. 1813 W. Franklin St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6 DATE OF BIRTH (month, day, and year) Aug 5- 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	53	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 63

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Gov. Printing Office

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER George Hurley

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret White

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Mrs Rose Hurley

(Address) 1813 W. Franklin

15 Filed Jan 5, 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1926 Dec. 31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1926, to Dec 31st, 1926, that I last saw him alive on Dec 31st, 1926, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Emphysema

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos ds.

18 Where was disease contracted

If not at place of death? c

Did an operation precede death? No Date of c

Was there an autopsy? No

What test confirmed diagnosis? Clinic, Phy. & C

(Signed) August Thorn, M. D.

Dec 31, 1926 (Address) 2808 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Ebenezer M.E. Church	Jan 3 1927
20 UNDERTAKER	ADDRESS
Wm Cole	502 E. Fayette

Spec—12-23-21—E.B.R.S.—400 Bks.

E 17416

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17416

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1812 E. Oliver St. 8-17 Ward) 98

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Yerell D. White

(a) Residence No. 1812 E. Oliver St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	white	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6-DATE OF BIRTH (month, day and year) March 1878

7-AGE. 48 yrs. 10 mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), W. Va

PARENTS.

10-NAME OF FATHER, Sylvester White

11-BIRTHPLACE OF FATHER (city or town) (State or Country), W. Va

12-MAIDEN NAME OF MOTHER, Isabelle Ewing

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), W. Va

14-

(Informant) James A. White

(Address) 1812 E. Oliver

15-

Filed 2 - 1927 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-1-1927

17. 1/2 I HEREBY CERTIFY, That I attended deceased from 12-26 to 1-1, 1927, that I last saw him alive on 1-1, 1927 and that death occurred, on the date stated above, at 1.30A. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs

(Signed) David Myers M. D.

1-1, 1927 (Address) 1700 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Harrisburg Pa	Jan 3, 1927

20-UNDERTAKER. ADDRESS

Wm Cook 1026 Youth

c/o James A White. Via PRR

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17417 — 87 E 17417

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 733 N. Linwood Ave St., 7-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha McCullough

(a) RESIDENCE NO. 733 N. Linwood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1902

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	24	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER David McCullough

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto

12 MAIDEN NAME OF MOTHER Catherine White

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto

14 Informant David McCullough

(Address) 733 N. Linwood Ave

15 Filed ..... 1927 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926, to Jan 1, 1927, that I last saw her alive on Jan 1, 1927, and that death occurred, on the date stated above, at 2.45 a.m.

The CAUSE OF DEATH* was as follows: Pancreatitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pancreatitis

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Autopsy

(Signed) J. Thomas Jenkins, M. D.

. 19 (Address) 1001 N. Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Baltimore	Jan 3 1927
20 UNDERTAKER	ADDRESS
H. M. Cook	850 E. Lafayette Ave

Spec.—1-12-23—M&T—500 Blks.

E 17418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17418

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 W Lombard St. 20-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Fleming

(a) RESIDENCE NO. 1921 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Fleming

7 DATE OF BIRTH (month, day, and year) July 4 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Fredk Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Flach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs A J McCarthy

(Address) 1924 W Lombard

Filed , 19 ADAMS Registrar

- 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1926, to Dec 31, 1926, that I last saw her alive on Dec 31, 1926, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

Mitral insufficiency.

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Robert A Riddle, M. D.

1/3, 1927 (Address) 2151 Nelson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	1/3 27
20 UNDERTAKER	ADDRESS
Jas A Farley	Fulton & Fayette

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17419

CERTIFICATE OF DEATH

117 E 17419

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. St. Agnes Hospital St. 14-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. George Duane DUANE

(a) RESIDENCE NO. 1610 Mt Royal St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 10 mos. 16 ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Mullen May Duane

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Surgeon

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (City or town)

(State or country) not known.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Mrs. Mary Duane

(Address) 1610 Mt. Royal

15 Filed - 1927 C. HARRISON JONES, M. D. Registrar

Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1926

17 I HEREBY CERTIFY, That I attended deceased from 12/26, 1926, to 12/31, 1926, that I last saw h alive on 12/31, 1926, and that death occurred, on the date stated above, at 1.40 p m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholecystitis, Chronic Appendicitis – Pneumonia (Broncho-)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death? –

Did an operation precede death? yes. Date of 12-26-26.

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Surgical

(Signed) [illegible], M. D.

12/31, 1926 (Address) Saint Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Cathedral Cemetery	1/3 1927

20 UNDERTAKER Henry E. Meads Mem. Con. ADDRESS 805 N. Calvert St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17420 E 17420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Mens Home St., 9-21 Ward) 29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo A Leach

(a) RESIDENCE NO 1400 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 1 1844

7 AGE: Years 85 | Months 3 | Days 20 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Westboro Mass

(State or country)

PARENTS

10 NAME OF FATHER Henry B Leach

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Westboro Mass

12 MAIDEN NAME OF MOTHER Lucy E Chamberlin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Westboro Mass

14 Informant: Mary E Proctor

(Address): Malden

Registered 1927 Per R H C

H. ANDERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 19 29

17

I HEREBY CERTIFY, That I attended deceased from Oct 15 28, to Jan 19 29

that I last saw h.. alive on Jan 19 29

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm Tuberculosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? No

Did an operation precede death? Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H H Young, M. D.

, 19 (Address) 953 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial Jan 3 1929

20 UNDERTAKER: George J Smith ADDRESS 1732 Hollins st

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17421

46E 17421

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St Agnes Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Gabrilla Mitchell

(a) RESIDENCE NO. 1206 Mulberry St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, (Widowed,) or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: C B Mitchell

6 DATE OF BIRTH (month, day, and year): April 17 1866

7 AGE: Years 60 Months 8 Days 14 If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Va.

(State or country)

PARENTS

10 NAME OF FATHER: Thos E Johnson

11 BIRTHPLACE OF FATHER (City or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Branham

13 BIRTHPLACE OF MOTHER (city or town): Va.

(State or country)

14 Informant: Mrs. Rosie Coleman

(Address) 212 N. Carey St City

15 Filed: 2-1927 Registrar: C. E. [illegible] JONES, M. D.

Per: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 31 1926

17 I HEREBY CERTIFY, That I attended deceased from 10-28 1926 to 12-31 1926,

that I last saw her alive on 12-31 1926,

and that death occurred on the date stated above, at 3 10 P m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinoma

Tonsils — Primary in

Breast ovary

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 12-11-26

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A J Knapp M. D.

12/31 1926 (Address) Saint Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Jan 3 1927

20 UNDERTAKER: George J Smith — ADDRESS 532 Hollins

Spec—12-23-21—E B R.S.—400 Bks.

E 17422 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17422

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No Hollens Ferry Rd 25-5 Ward 16 1-001) Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Henry Satfield

(a) Residence No.. Hollins Ferry & Bank Ave Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 30 1926

7-AGE, ... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or 10 min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS.

10-NAME OF FATHER Richard H Satfield

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Alle Co Md

12-MAIDEN NAME OF MOTHER Mamie B Lester

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Baltimore Md

14- (Informant) Richard Satfield

(Address) Hollins Ferry Rd & Bank

15- Filed ..... 1927 C. [illegible] JONES, M. D. Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 30 1926

17- I HEREBY CERTIFY, That I attended deceased from Dec 30, 1926, to Dec 30, 1926, that I last saw h. alive on Dec 30, 1926, and that death occurred, on the date stated above, at 9-30P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

.....(Duration).....yrs. 5 mos.....ds.

CONTRIBUTORY (Secondary) same

.....(Duration).....yrs.....mos.....ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) [illegible] M. D.

Dec 31, 1926 (Address) 4320 Wabash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Westernleem — DATE OF BURIAL, Jan 3, 1927

20-UNDERTAKER, George J Smith — ADDRESS 153 Hollins

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17423

E 17423

31

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Homewood Ave ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose R. Leland

(a) RESIDENCE NO. 1124 Homewood Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert J. Leland

6 DATE OF BIRTH (month, day, and year): Nov. 11, 1886

7 AGE: Years 40 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work at

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Michael Leland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Timothy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Robert J. Leland 1124 Homewood Ave

15 Filed 2-1927 19 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from June, 1925, to Dec. 30 - 1926, that I last saw her alive on Dec 30, 192 and that death occurred, on the date stated above, at 4 p - m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual.

(Signed) Mary F. Voeglem, M. D.

1-1, 1927 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Jan 3, 1927

20 UNDERTAKER: Edward W. Conklin — ADDRESS: 824 E Eager

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17424

CERTIFICATE OF DEATH.

100-001

E 17424

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 E. virginia Ave. ST. 27-51 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Everhardt Christian Decker

(a) RESIDENCE NO. 103 E. Virginia Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Decker

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	xxx	16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John G. Decker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Breich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles E. Gesell
(Address) 103 E. Virginia Ave.

15 Filed 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/27, 1926, to 12/31, 1926 that I last saw h. im alive on 12/31, 1926 and that death occurred, on the date stated above, at 6.35 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) 0 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) 1 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) A. A. Hamer, M. D.

, 19 (Address) 119 N. Carey Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan. 4 1927

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 Watts St

Spec.—1-10-21—M&T—1500 Bks.

E 17425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17425

CERTIFICATE OF DEATH.

90

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S. Paca St. 22-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Magdalena Zebris

(a) RESIDENCE NO. 604 S. Paca St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vincent Zebris

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE: Years 46; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Gerr. Stasaushas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Magdale Bradunas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: William Zebris

(Address) 604 S. Paca St.

15 1927 C. HANSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 30 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926, to Dec. 30, 1926,

that I last saw her alive on Dec. 30, 1926,

and that death occurred, on the date stated above, at 1.15 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Anthony V. Bucchafa M. D.

(Address) 372 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL 1/3 1927

20 UNDERTAKER: Chas B Heckamlas — ADDRESS 637 S Paca St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17426

CERTIFICATE OF DEATH.

E 17426

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 E Baltimore St ST 3-5 WARD)

2-FULL NAME Chaka Chesmer

(a) RESIDENCE NO. 925 E Baltimore St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 16 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced? (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Shana Chesmer

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rabbi

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Laib Chesmer

11 BIRTHPLACE OF FATHER (city or town), (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rabbi Lehman
(Address) 122 Eastern Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1926 to Dec 31, 1926

that I last saw him alive on Dec 31, 1926

and that death occurred, on the date stated above, at 1.10 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. — mos ... ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Nathan Selford M. D.

1.20, 1927 (Address) 1115 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D C	Jan 2 1927
20 UNDERTAKER	ADDRESS
Jack Levis	1439 Eutaw

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17427

CERTIFICATE OF DEATH.

N-2 113

E 17427

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Mt Pleasent ST. N WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin S Sas

(a) RESIDENCE NO. 3417 Mt Pleasent ST, WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 28 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John Sas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Sylvie Wasiewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant (Address) My John Sas Father 3417 Mt Pleasent

15 Filed 1927 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1926, to Jan 1, 1927, that I last saw h[illegible] alive on Dec 31, 1926 and that death occurred, on the date stated above, at 5 A m

The CAUSE OF DEATH* was as follows:

Acute Pleo-colitis

(duration) 0 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary) Acute septicemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3417 Mt. Pleasant.

Did an operation precede death? no. Date of no.

Was there an autopsy? no.

What test confirmed diagnosis? Examination

(Signed) Chas. S. Neustadt, M. D.

19 (Address) 1730 Linden av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary cem	Jan 3 1927

20 UNDERTAKER John M Welsh ADDRESS 1803 Bank st

Spec.—1-12-23—M&T—500 Blks.

E 17428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001

E 17428

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3916 Ridgewood Avenue ST. 15-3 WARD)

2-FULL NAME Virginia I. Grannan

(a) RESIDENCE NO. 3916 Ridgewood Avenue ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene E. Grannan Jr.

6 DATE OF BIRTH (month, day, and year) July 24, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Petersville Maryland

PARENTS

10 NAME OF FATHER Enoch L. MacKenzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Maryland

12 MAIDEN NAME OF MOTHER Ann Knode

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rohersville Maryland

14 Informant Eugene E. Grannan Jr.

(Address) 3916 Ridgewood Avenue

Filed JAN 3- 1927 C. EARSON JONES, M. D. Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/30 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec-22, 1926, to Dec-30, 1926, that I last saw h[illegible] alive on Dec-30, 1926, and that death occurred, on the date stated above, at 2:40 P m.

The CAUSE OF DEATH* was as follows: Pneumonia Lobar. (Left Lower)

(duration) yrs. 9 mos. 8 ds.

CONTRIBUTORY (Secondary) Toxemia. General Pulmonary infiltration

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? General Clinical

(Signed) Finley Cole M. D.

1/4, 1927 (Address) 2702 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	1/3 1927

20 UNDERTAKER Henry A. Means and Son ADDRESS 505 N. Calvert

Spec.—12-9-25—A Co.—700 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17429

CERTIFICATE OF DEATH.

129 E 17429

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospitals St., 76-5 Ward)

2-FULL NAME John Bost

(a) RESIDENCE NO. 3308 Schuck St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ever yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Bost

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	69-			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sailor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER: Morten Bost

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Elizabeth Bost

(Address): 3308 Schuck St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 30, 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1926, to Dec. 30, 1926

that I last saw him alive on Dec. 30, 1926

and that death occurred, on the date stated above, at 2.00 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, Hypostatic, Bilateral

Contributory - Chronic Interstitial Nephritis (duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. 1 ds.

18 Where was disease contracted? Home

If not at place of death?

Did an operation precede death? yes Date of Dec 30, 1926

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. Bloedell, M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. Date of Burial: Jan 3rd 1927

20 UNDERTAKER: Lilly and Zitler ADDRESS: 403 S. Wolfe St.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17430

CERTIFICATE OF DEATH.

E 17430

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital 26-5 Ward)

REGISTERED NO. 185

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME J. George Helldorfer

(a) RESIDENCE NO. 712 S. 3rd St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6 DATE OF BIRTH (month, day, and year) Sept 15/1890

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	36	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Daniel Helldorfer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Wehr

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Justiana Wagner (sister)

(Address) 712 S. 3rd St

15 Filed JAN 3 1927 E. [illegible] JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 Dec 31/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage-Accidently fell while at work in bath room at 2302 Jefferson St

2302 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Jos H Carr M. D. (Coroner)

1/2/27 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart. Cem. Date of Burial Jan 3 1927

20 UNDERTAKER Lilly & Zeiler ADDRESS 1028 Wolfe

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17431

CERTIFICATE OF DEATH.

188-002 E 17431

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Colonial Hospital St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bertha Garrett

(a) RESIDENCE NO. 1518 Madison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel

6 DATE OF BIRTH (month, day, and year) about 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer General

9 BIRTHPLACE (city or town)

(State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Chas. J. Parker

(Address) 1518 Madison Ave.

Filed JAN 3 - 1927 E. Lawson Jones, M. D. Registrar

By K.C.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Patella (accident)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart accident

(duration) yrs. mos. ds.

(Signed) J. J. Newman M. D.

(Coroner)

Jan 1, 19 27 (Address) 1 E Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star. Date of Burial Jan 3 19 27

20 UNDERTAKER John N. Toadvine & Son

ADDRESS 1027 Hull St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17432 44 E 17432

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 McCubbin ST. 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Francis Brady

(a) RESIDENCE NO. 1739 Mc Cubbin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Samuel Brady

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Gould

(Address) 1739 McCubbin St

15 Filed N3 - 1927

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1926. to Dec 31. 1926.

that I last saw h er alive on Dec 31. 1926

and that death occurred, on the date stated above, at 6.20 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Carcinomas

... (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

Signed R J Grundy M. D.

1926. (Address) 1769 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemtery — DATE OF BURIAL 1/3 — 1927

20 UNDERTAKER Milton Davis — ADDRESS 316 N Eden St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17433

CERTIFICATE OF DEATH.

11-001

E 17433

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Dillon ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Hartman

(a) RESIDENCE NO. 3107 Dillon ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hartman

6 DATE OF BIRTH (month, day, and year) Oct. 29. 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jacob Mader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Anna B. Hartman

(Address) 3107 Dillon St

15 Filed 3 1927 19... [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1926, to Dec 31 1926, that I last saw h alive on Dec 31 1926, and that death occurred, on the date stated above, at 1.40 A. m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at her home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Louis Vogel M. D.

1-1, 1927 (Address) 1601 Monument East City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem.

DATE OF BURIAL Jan 3 1927

20 UNDERTAKER Zirkler & Zirkler

ADDRESS 1739 E Eager St

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17434

CERTIFICATE OF DEATH.

100-001 E 17434

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N. Glover ST. 16-3 WARD)

2-FULL NAME Frank A. Guth

(a) RESIDENCE NO. 216 N. Glover ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 8/12 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine G. Guth

6 DATE OF BIRTH (month, day, and year) April 25-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min
	61	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tank Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) 165

(c) Name of employer B. C. + Smelting Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) not known

14 Informant Catharine G. Guth (Address) 216 N. Glover St.

15 Filed JAN 3 - 1927 C. ... JONES, M. D. Registrar

For R.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1926, to Dec 31, 1926, that I last saw him alive on Dec 31, 1926, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

1 (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

Bron. Pneum. (duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) C. V. Mayo M. D.

12/31, 1926 (Address) 15 N. E. 3 Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL 1st Gen. Evang. Cemetery

DATE OF BURIAL Jan 3 1927

UNDERTAKER Zinkler + Zinkler

ADDRESS 1739 E. Eager St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17435

CERTIFICATE OF DEATH

90 ✓

E 17435

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3217 Eastern Ave St., 26-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Holdcroft

(a) RESIDENCE NO. 3217 Eastern Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race W

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. Holdcroft.

6 DATE OF BIRTH (month, day, and year) Mar 6 - 1847

7 AGE	Years	Months	Days
	79	9	25

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) England

PARENTS

10 NAME OF FATHER Wm. Fingard

11 BIRTHPLACE OF FATHER (City or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Alice Riles

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) England

14 Informant Maria Proctor

(Address) Trenton, N.J.

15 Filed 8 - 1927 C. Harrison Jones M.D. Registrar

Per R.L.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31 19 1926

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to Dec 31, 1926

that I last saw her alive on Dec 31, 1926

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Homer B. Talbot, M. D.

1/2, 1927 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

Date of Burial 1/31 1927

20 UNDERTAKER J.A. Moran

ADDRESS 3000 E. Balto.

Spec.—1-10-21—M&T—1500 Bks.

E 17436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17436

CERTIFICATE OF DEATH.

124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital 13-57 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucinda Carter -

(a) RESIDENCE NO. 1503 Glenwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Carter.

6 DATE OF BIRTH (month, day, and year) Oct. 17, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	34	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co Md.

PARENTS

10 NAME OF FATHER James Redmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Summers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Self.

(Address)

15 Filed . 19 Registrar

3 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2 1927

17

I HEREBY CERTIFY, That I attended deceased from 12/20 . 1926, to 1/2 . 1927.

that I last saw her alive on 1/2 . 1927

and that death occurred, on the date stated above, at 10 05 a. m.

The CAUSE OF DEATH* was as follows:

Gangrenous Cholecystitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 1 day

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12/20/26

Was there an autopsy? No. Diagnosis Cholecystitis

What test confirmed diagnosis? Operation, Lab.

(Signed) Jas A Tompkins M. D.

, 19 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampstead — DATE OF BURIAL: Jan 4 1927

20 UNDERTAKER Thenowith & Son — ADDRESS 3407 Chestnut Ave

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17437

CERTIFICATE OF DEATH

90 E 17437

1-PLACE OF DEATH

REGISTERED NO. 251

City of BALTIMORE: (No. 804 W 29 St St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Perry Reynolds

(a) RESIDENCE NO. 804 W 29 St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Five mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie E Reynolds

6 DATE OF BIRTH (month, day, and year) Feb 1 1859

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	67	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinest

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Grace Blake

(Address) 804 W 29 St

15 Filed 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1926, to Jan 2 1926.

That I last saw him alive on Jan 1 1926.

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

Chronic Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

Senile Dementia

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) H A Davis, M. D.

, 19 (Address) 1301 Orleans St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Date of Burial Jan 3 1927

20 UNDERTAKER Chenowet & Son ADDRESS 341 Chestnut

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17438

CERTIFICATE OF DEATH.

13-52 200-001

REGISTERED NO. E 17438

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 W. 34th St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Asa Gardiner Ford

(a) RESIDENCE NO. 608 W. 34th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20th 1897

7 AGE	Years	Months	Days
	29	6	18

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Wm David Ford

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Magdalena E Dasp

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant Mrs M E Ford

(Address) 608 W 34th St

Filed JAN 3 - 1927 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2nd 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 29th 1926, to Jan 2nd 1927, that I last saw him alive on Jan 2nd 1927, and that death occurred, on the date stated above, at 2.30 P.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Pulmonary Collapse

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Catarrhal Bronchitis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Joseph B Saunders, M. D.

, 19 (Address) 219 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Jan 4 1927

UNDERTAKER Chenowith Bros ADDRESS 3615 Chestnut Ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17439

CERTIFICATE OF DEATH.

38 E 17439

1-PLACE OF DEATH U.S Marine Hospital #1. REGISTERED NO.

CITY OF BALTIMORE: (No. Baltimore, Md. ST., 22-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Hughes.

(a) RESIDENCE NO. 624 S Charles St. ST., WARD

(Usual place of abode) Balt. Md.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 21, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Foreman

(c) Name of employer S/S Frances Weems

9 BIRTHPLACE (city or town) (State or country) British Honduras

PARENTS

10 NAME OF FATHER Charles Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) British Honduras

12 MAIDEN NAME OF MOTHER Ina Odom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) British Hond

14 Informant —

(Address)

15 Filed 19 By C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30, 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1926, to Dec 30, 1926, that I last saw h[illegible] alive on Dec 30, 1926 and that death occurred, on the date stated above, at 7 40 am.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Un known

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical findings + Laboratory tests

(Signed) Robt P. Hagerman, M. D.

, 19 (Address) US Marine Hospital #1

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Jan 3 1927

20 UNDERTAKER E LeRoy Stiffler ADDRESS 1252 Nath ave

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17440

CERTIFICATE OF DEATH.

118-002

118 E 17440

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital ST. 7-5-77 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl Fredricksen

(a) RESIDENCE No. Curtis Bay Coast Guard Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mrs Jensene Fredricksen

6 DATE OF BIRTH (month, day, and year) Oct 18-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boatswain (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Coast Guard

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Carl Fredricksen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Marion Gelickson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Hospital Records (Address)

15 Filed JAN 3 - 1927 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1926, to Jan 2, 1927, that I last saw him alive on Jan 2, 1927, and that death occurred, on the date stated above, at 11:30 A.m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction (Volvulus) with resulting General Peritonitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at hospital.

Did an operation precede death? yes Date of Jan 1-1927

Was there an autopsy? yes

What test confirmed diagnosis? autopsy & Operation

(Signed) C. L. Wilmot, M. D.

Jan 2 1927 (Address) U.S. Marine Hospital, Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jersey City N.J.	Jan 4 1927
20 UNDERTAKER E. LeRoy Stiffler	ADDRESS 425 E. Balt. Balto

Spec.—1-12-23—M&T—500 Blks.

E 17441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34 E 17441

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marin Hospital ST. 12-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Black

(a) RESIDENCE NO. Marin Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Freeman

(c) Name of employer S.S. Annapolis

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant deceased

(Address)

Filed JAN 3 1927 E. FRANCIS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1926, to Dec 31, 1926, that I last saw him alive on Dec 31, 1926, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic General Peritonitis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis of lumbar spine and sacroiliac joint (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? guinea pig inoculated

(Signed) C. L. Wilson M. D.

Dec 31, 1926 (Address) U.S. Marine Hospital, Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	Jan 3 1927
20 UNDERTAKER E. L. Roy Stiffler	ADDRESS 125 E North Ave

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17442

CERTIFICATE OF DEATH.

101-001

E 17442

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Keyser ST., 8-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Johnson

(a) RESIDENCE No. 1614 Keyser ST., 8- WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Johnson

6 DATE OF BIRTH (month, day, and year) June 13-1840

7 AGE: Years 86 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co. Pa.

PARENTS

10 NAME OF FATHER Wm. Rhule

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Co., Pa.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York Co. Pa.

14 Informant George E. Johnson (Address) 1027 N. Castle st

15 Filed 1-3-1927 19 Per C. H. PAYNE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31- 1926

17

I HEREBY CERTIFY, That I attended deceased from Dec. 29- 1926 to Dec. 31- 1926, that I last saw her alive on Dec. 31- 1926, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Jenby M. D.

12/31/1926 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 1/3 1927

20 UNDERTAKER: George J. Ruth — ADDRESS: 1735 Harford Ave

Spec- 12-23-21—E.B.R.S.—400 Bks.

E 17443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4916 Pimlico Rd St., 27-5 Ward)

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Point

(a) Residence No. 4916 Pimlico Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-Single, Married, Widowed, or Divorced, (Write the word.)
F	White	Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan 1 1927

7-AGE.	If LESS than 1 day.
....yrs....mos. 1½ ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore City

PARENTS.

10-NAME OF FATHER Charles M. Point

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Balto. City

12-MAIDEN NAME OF MOTHER Aurora M. O'Donoghue

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Maryland

11- (Informant) C. M. Point

(Address) 4916 Pimlico Rd.

13- Filed 1927 C. [illegible] Registrar.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 2-1927

17- I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to Jan 2 1927

that I last saw h[illegible] alive on Jan 2 1927

and that death occurred, on the date stated above, at 5.15 p. m.

The CAUSE OF DEATH* was as follows:

Pre-mature Birth

Etc

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Atelectasis

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Exam.

(Signed) Millard Parran, M. D.

, 19 (Address) Hazelhurst, Md

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cemetery DATE OF BURIAL. Jan 3 1927

20-UNDERTAKER. Bertram B. Gore ADDRESS 1723 W. Lafayette Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17444

CERTIFICATE OF DEATH.

90 E 17444

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 W Lanvale ST. 16-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J Hurley

(a) RESIDENCE NO. 1925 W Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Luther D Hurley

6 DATE OF BIRTH (month, day, and year): May 13 1883

7 AGE: Years 43 Months 7 Days 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer): home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Little

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Luther D Hurley (Address) 1925 W Lanvale St

15 Filed 1927 C. KEITH JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/24/26, 19..., to 12/30/26, 19..., that I last saw h[er] alive on 12/30/26, 19... and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. H. Hurst, M. D.

, 19 (Address) 1919 W Mt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: Jan 4 19 27

20 UNDERTAKER: William Cahoon Sons ADDRESS

Spec.—1-10-21—M&T—1500 Bks.

(Harkin)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17445

CERTIFICATE OF DEATH.

E 17445

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 Payson St. 11-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Harkin

(a) RESIDENCE No. 331 So Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Sarah J Harkin

6 DATE OF BIRTH (month, day, and year): June 17 1853

7 AGE — Years: 73 — Months: 6 — Days: 15 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Harkin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Sarah J Harkin (Address) 331 S Paysons

15 Filed DEC 3 1927 C. FAYETTE JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/2 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1926 to Dec 31 1926

that I last saw him alive on Dec 31 1926

and that death occurred, on the date stated above, at 6 30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Senile Dementia (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Heller Hemmeter M.D.

12/2, 1927 (Address) 2000 Hallows St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters — DATE OF BURIAL: 12/5 1927

20 UNDERTAKER: William Cook — ADDRESS: 502 E. North Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17446
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-001

E 17446
REGISTERED NO.

City of BALTIMORE: (No. 2913 Alameda Boulevard St., 42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernst Bauer

(a) RESIDENCE NO. 2913 Alameda Boulv. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ late Susanna Bauer

6 DATE OF BIRTH (month, day, and year) Oct 18/43

7 AGE: Years 83 | Months 2 | Days 13 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER John Bauer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Ed. Mehlahn
(Address) 2913 Alameda Boulv.

15 Filed JAN 3 - 1927 C. Sonnen JONES, M. D. Registrar
By K.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/26

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Dec 31, 1926
that I last saw h..... ative on ....., 19.....
and that death occurred, on the date stated above, at 11.50 P.M.

The CAUSE OF DEATH* was as follows:
General Sclerosis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Pneumonia

Bronchial (duration) .....yrs. .....mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Geo. Timmerman M. D.

1/2, 1927 (Address) 4858 Harford Rd.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — Date of Burial 1/3 1927

20 UNDERTAKER: Philip Henry — ADDRESS 2016 Orleans St

Spec.-7-17-26—A Co.—200 Bks.

E 17447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 ✓ E 17447

REGISTERED NO. 1

1-PLACE OF DEATH

City of BALTIMORE: (No. 1314 S. Hanover St. 93-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V. Wright

(a) RESIDENCE NO. 1314 S Hanover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Wright

6 DATE OF BIRTH (month, day, and year) Mar. 20, 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	49	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Isaac Moon

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Laura V. Hartlove

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore

14 Informant John A. Wright

(Address) 1314 S. Hanover St.

15 Filed 13 - 1927 19 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Nov 5th, 1926, to Dec 31st, 1926, that I last saw her alive on Dec 31st, 1926, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Cancinoma of uterus & appendages

(duration) yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination & X-ray

(Signed) Thos Kelly M. D.

1/2, 1927 (Address) 824 26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cemetery	Jan 3 1927
20 UNDERTAKER Henry Sander & Sons Inc	ADDRESS 1710 Fleet St

Very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17448

CERTIFICATE OF DEATH.

74-001 E 17448

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jordan Scott

(a) RESIDENCE NO. 1202 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE: Years 41 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lab.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

Filed JAN 3 - 1927 19 Per C. E. KEMPER JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 30/26

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage

Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) H. J. Pilley M. D.

(Coroner)

Jan 2, 19 27 (Address) 1629 Eng

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: D. M. Carlin Co. Date of Burial Jan 3/27

20 UNDERTAKER: Daniel Carlin Co. ADDRESS 916

Very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17449

CERTIFICATE OF DEATH

44 E 17449

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 118 North Luzerne ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Franklin Laird

(a) RESIDENCE NO. 118 North Luzerne ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Eyma Laird

6 DATE OF BIRTH (month, day, and year) May 13th 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	58	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer E. L. Rhode & Son

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Thomas Laird

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Emily Laird

(Address) 118 North Luzerne

15 Filed 1-3 1927 By

PARSONS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31st 1926

I HEREBY CERTIFY, That I attended deceased from July, 1926, to ~~Dec 18th~~ 1926

that I last saw h~~im~~ alive on Dec 24, 1926

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Harold Wright M. D.

, 19 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Dallywood Cemetery	1/4/ 1927
20 UNDERTAKER	ADDRESS
Geo. Weber & Son	2503 Edmondson

very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 17450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1521 18

E 17450

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1700 Westwood ave St., 52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Seals

(a) RESIDENCE NO. 1700 Westwood ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 6 1863

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	63	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Henry Seals

11 BIRTHPLACE OF FATHER (City or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Frank Stuhlmuller (Address) 1700 Westwood ave

Filed ..... 19 ..... Registrar

JAN 3 - 1927 H. J. JONES, M. D.

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 nd 1927

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1926, to Jan 2, 1927, that I last saw h.. alive on Jan 2, 1927 and that death occurred, on the date stated above, at 11.15 A. m.

The CAUSE OF DEATH* was as follows:

Epilepsy, Convulsions
Acute Dilatation of Heart

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of none

Was there an autopsy? no

What test confirmed diagnosis? Subject Symptoms

(Signed) Chas A Fr Thuloff, M. D.

, 19 (Address) 1807 Windsor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — Date of Burial 1/4/1927

20 UNDERTAKER Geo Weber & Son — ADDRESS 2503 Edmondson

Very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17451

CERTIFICATE OF DEATH.

10402 E 17451

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 8-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME E. Audrey Brown

(a) RESIDENCE NO. 2041 Cliftwood Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 25 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John V Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Emma Otte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Mr John V Brown 2041 Cliftwood Ave

15 Filed 1-3-1927 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17

I HEREBY CERTIFY, That I attended deceased from Jan 2, 1927, to Jan 2, 1927, that I last saw h[illegible] alive on Jan 2, 1927, and that death occurred, on the date stated above, at 3.25 p m.

The CAUSE OF DEATH* was as follows:

Tonsillar, Pharyngeal - Laryngeal Diphtheria

(duration) ..... yrs. ..... mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull M. D.

1/3, 1927 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Jan 4 1927

20 UNDERTAKER John T Dunn — ADDRESS 715 Light St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17452

CERTIFICATE OF DEATH

90

REGISTERED NO. E 17452

1-PLACE OF DEATH

City of BALTIMORE: (No. 311 Eutaw St. 5-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charity Hughes

(a) RESIDENCE NO. 311 Eutaw St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ——

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) ~~Baltimore~~

(State or country) Md

PARENTS

10 NAME OF FATHER ——

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ——

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Daniel Simms

(Address) 415 N. Eden St

Filed JAN 3 - 1927 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1926, to Dec 31, 1926, that I last saw her alive on Dec 31, 1926 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardio Renal

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raymond Owings M. D.

Dec 31 1926 (Address) 608 Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. Date of Burial Jan. 3 1927

20 UNDERTAKER: Chas. H. Johnson ADDRESS 46 N. Carolina St.

Key important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

1986 21

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17453

CERTIFICATE OF DEATH.

JOHNS HOPKINS HOSPITAL

17-26

34 E 17453

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Edward Clark

(a) RESIDENCE NO. 729 Pierce ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6-14-22

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. (State or country)

PARENTS

10 NAME OF FATHER Edward Clark

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Stanford

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Records. (Address)

15 Filed JAN 3 - 1927 C. ... JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1926, to Jan 2 1927, that I last saw h~~im~~ alive on Jan 2 1927, and that death occurred, on the date stated above, at 7.58 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Congenital Syphilis

(duration) 5 yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Wassermann Reaction

(Signed) Thomas W. Cornwall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Denton Md.	Jan 3 1927

20 UNDERTAKER	ADDRESS
Wm Tuckner	Denton Md

Cor.—12-9-25—A Co.—200 Bks.

E 17454 HEALTH DEPARTMENT—CITY OF BALTIMORE

12-9 E 17454

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1602 N. Matt St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Leupold

(a) RESIDENCE NO. 1602 N. Matt St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Leupold

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Realtor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Veit Leupold

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Wilker

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. G. J. Leupold

(Address) 1602 N. Matt St.

15 Filed JAN 3 - 1927 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. E. Ramsey, M. D.

(Coroner)

19 (Address) 2801 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs. ..... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Garden Rock Cemetery Date of Burial Jan 3 19 27

20 UNDERTAKER Josiah Zyler ADDRESS 1600 W North Ave

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17455

CERTIFICATE OF DEATH.

90 E 17455

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital 24

City of BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael Egusky

(a) RESIDENCE NO. 5 S Ann St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Moses Egusky

6 DATE OF BIRTH (month, day, and year) unknown.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town).....

(State or country) Russia.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town).....

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town).....

(State or country) Russia

14 Informant Jacob M. Egusky

(Address) 5 S. Ann St

AN 3 - 1927

E. L. JONES M. D.

Registrar

by K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-2-27

17

I HEREBY CERTIFY, That I attended deceased from 12-24, 1926, to 1-2, 1927,

that I last saw h.&X. alive on 1-2, 1927,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Hyp & Dilatation

Uterine adhesions

(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Acute dilation of heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clin Signs

(Signed) L. Vita Selig, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rawdale Date of Burial 1/8 19 27

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

Very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17456

CERTIFICATE OF DEATH.

31 E 17456

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 N. Pulaski ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Krupitzky

(a) RESIDENCE NO. 1505 N. Pulaski ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck-Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Ø

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Solomon Krupitzky

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Rosie —

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant Solomon Krupitzky
(Address) 1505 N. Pulaski St.

15 Filed DEC 3 - 1927 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1927.

17

I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1926, to Jan. 1, 1927.

that I last saw h alive on Jan. 1, 1927

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1/3, 1927 (Address) 1505 N. Pulaski St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt. Carmel	1/3 1927
20 UNDERTAKER	ADDRESS
Jack Levis	1439 E. Balto St.

(See instructions on back of certificates. IMPORTANT is very important.)

Spec.—1-12-23—M&T—500 Blks.

E 17457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 15-58 24 WARD)

REGISTERED NO. E 17457

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Baer

(a) RESIDENCE NO. 2810 Santa Fe Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Baer

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Baer

(Address) 2810 Santa Fe Ave

15 Filed 1-3-, 1927 By Registrar

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1926, to Jan 2, 1927, that I last saw her alive on Jan 2, 1927 and that death occurred, on the date stated above, at 7 00 P m.

The CAUSE OF DEATH* was as follows:

Cerebro Spinal Meningitis (Meningococcic)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Ventricular puncture Date of 12/26

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lumbar puncture

(Signed) Myron S. Isell, M. D.

1/3, 1927 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mehren Rosedale	1/3 1927
20 UNDERTAKER	ADDRESS
Jack Levin	1439 E Baltimore

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17458

CERTIFICATE OF DEATH.

129 E 17458

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2920 Independence St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Harroll

(3) RESIDENCE NO 2920 Independence St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Bernadine Harroll

6 DATE OF BIRTH (month, day, and year) Unknown 1871

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Ob

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles Harroll

11 BIRTHPLACE OF FATHER (city or town) England

(State or country)

12 MAIDEN NAME OF MOTHER Bridget Martin

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant Bernadine Harroll

(Address) 2920 Independence St.

Filed JAN 3 - 1927 [illegible] Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1927

17 Jany 2 at 1, Pm

I HEREBY CERTIFY, That I attended deceased from November 1, 1926 to Jany 2, 1927, that I last saw her alive on July 2, 1927, and that death occurred, on the date stated above, at 1. P m.

The CAUSE OF DEATH* was as follows:

Bright Disease and Valvular Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Valvular Disease of Heart

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hyman Nusbaum, M. D.

Jany 3 1927 (Address) 1610 Goodwich ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincents Cemetery Date of Burial Jan 5 1927

20 UNDERTAKER Chas F. Mauerstein ADDRESS 1111 Mt Royal ave

Sec. 4, Ordinance No. 1, approved May 1, 1915. Physicians, Midwives and Undertakers are required to report to the Health Department all births and deaths occurring in their practice within 24 hours after the same shall have come to their knowledge. Penalty for violation, $20.00 for each offense. See instructions on back of certificate. Very important.

Cor.—12-9-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17459

CERTIFICATE OF DEATH.

18 E 17459

1-PLACE OF DEATH

City of BALTIMORE: (No. Franklin Sq. Hospital St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Cowan

(a) RESIDENCE NO. Westminster, Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~56~~ yrs. — mos. — ds. / How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Belt / Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	56	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jo

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Unknown Wm. Cowan

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Unknown Md.

12 MAIDEN NAME OF MOTHER Unknown Maiden Name Denmead

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Unknown Md.

14 Informant Franklin Sq Hosp.

(Address) Balto.

JAN 3 - 1927

Filed ....., 192... [illegible] M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, au-

.....find that said deceased came to death

topsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH was as follows:

Internal Hemorrhage due to Pneumonia Left Lung — Fell down Stairs Dec 27-26 admitted to Hospital Jan 1st 27

Jan 2nd, 1927 Signed Thos. B. Hoffman M. D. (Coroner)

(Address) Curtis Bay Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional items.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death .....yrs., ...mos., ...ds. In the State .....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery Date of Burial 1/4 1927

20 UNDERTAKER Henry W. Mears & Son ADDRESS 805 N. Calvert

very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17460

90 E 17460

REGISTERED NO._____

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No._____ St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julius Caesar Bercher

(a) RESIDENCE NO. 11 Ware Alley St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Bercher

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)_____

(State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)_____

(State or country) ?

14 Informant_____

(Address) Records

Filed 3-1927 19____ C. [illegible], M. D.

Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 29 1926

17 I HEREBY CERTIFY, That I attended deceased from June 21 1926, to December 29, 1926, that I last saw him alive on December 29, 1926, and that death occurred, on the date stated above, at 7-10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis

Chronic Myocarditis & Insanity

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Harper Smith, M. D.

12/31/1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Date of Burial 1/3/27

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Eutaw

Very important. See instructions on back of certificate. OCCUPATION

Spec.—1-10-21 M&T—1500 Bks.

E 17461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Hill & Kelly Hosp

CITY OF BALTIMORE: (No. 1418 Eutaw Place St., 14-20 WARD)

REGISTERED NO. 17461

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Berta A. Boon.

(a) RESIDENCE No. 614 Thurlow Place Roanoke Va ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F. Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 9 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	45	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trained Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Ret

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Franklin Co Penna

PARENTS

10 NAME OF FATHER John Boon

11 BIRTHPLACE OF FATHER (city or town) Franklin Co (State or country) Penna

12 MAIDEN NAME OF MOTHER Lydia A Moore

13 BIRTHPLACE OF MOTHER (city or town) Franklin Co (State or country) Pa

14 Informant Charles L. Boon

(Address) Same

15 Filed JAN 3 1927 19 FRANCIS JONES M. D. Registrar

Dur

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1926, to Jan 2, 1927.

that I last saw her alive on Jan 2, 1927.

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Anoma uterus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Metastasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? yes Date of Aug 16 1926

Was there an autopsy? No.

What test confirmed diagnosis? Pathological

(Signed) Theodain Neill Jr. M. D.

Jan 2, 1927 (Address) 1418 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke Va

DATE OF BURIAL Jan 3 1927

20 UNDERTAKER Chas G. Black

ADDRESS 142 W. Fourth ave

FRONT is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-08

E 17462

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Elwood Ave ST., 1-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Snyder Infant

(a) RESIDENCE NO. 118 S Elwood Ave ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) 1/1/27

7 AGE Years ..... Months ..... Days ..... If LESS than 1 day 12 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Donald Snyder

11 BIRTHPLACE OF FATHER (city or town) Penna
(State or country)

12 MAIDEN NAME OF MOTHER Margret Anna Davis

13 BIRTHPLACE OF MOTHER (city or town) Penna
(State or country)

14 Informant Donald Snyder
(Address) 118 S Elwood Ave

Filed JAN 3 - 1927, 19 ..... Registrar

Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1927, to Jan 1st, 1927.

that I last saw her alive on Jan 1st, 1927.

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) ..... yrs. ..... mos 12 hours. ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Adam Tod, M. D.

, 19 (Address) 4700 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemt.

DATE OF BURIAL 1/3 1927

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E Balto

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17463

E 17463

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Maryland Gen. Hosp. 4-2557 REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 4 WARD)

2-FULL NAME Mrs. Josephine Cannetella.

(a) RESIDENCE NO. 614 West Baltimore St WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. L. Cannetella.

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Salvadore Cocatura.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Hospt. Records
(Address) .....

15 Filed JAN 3 - 1927 16 Per ..... C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1926 to Jan 1, 1927.

that I last saw her alive on Jan 1, 1927

and that death occurred, on the date stated above, at 11:40 A.m.

The CAUSE OF DEATH* was as follows:

(Primary) Diabetes Mellitus

(Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Holy Redeemer	1/4 1927
20 UNDERTAKER James A. Jones	ADDRESS 120 Park Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17464

CERTIFICATE OF DEATH.

21-29 144

E 17464

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST., (Why) WARD)

2-FULL NAME Lena Kattle

(a) RESIDENCE NO. 1000 Scott St. ST., WARD Why

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 5 mos. 9 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
F	W.	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Charles H Kattle

6 DATE OF BIRTH (month, day, and year) July 22 99

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Ainsworthy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Annie Manar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Charles H Kattle

(Address) 1000 Scott St.

15 Rec'd JAN 3 - 1927 Per [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1926, to Jan 1, 1927,

that I last saw her alive on Jan 1, 1927,

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Pregnancy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Placenta Previa

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. A. Stephenson, M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Comm

DATE OF BURIAL Jan 4 1927

20 UNDERTAKER W M Routson

ADDRESS 223 E Lexington

IMPORTANT. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17465

CERTIFICATE OF DEATH.

21-56 12-9 E 17465

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 5513 Garrison ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin W Baxter

(a) RESIDENCE No. 5513 Garrison ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha M Baxter

6 DATE OF BIRTH (month, day, and year) Oct 13 64

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	62	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dairy Boss

(b) General nature of industry, business, or establishment in which employed (or employer) W. M. Dairy

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Lewis M Baxter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Chapeton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Martha M Baxter

(Address) 5513 Garrison ave

Filed JAN 3 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1926, to January 2 1927.

that I last saw him alive on January 1, 1927

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows: Chronic Parenchymatous Nephritis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Ralph L Stough M. D.

, 19 (Address) 76 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frankburg Md

DATE OF BURIAL Jan 5 1927

20 UNDERTAKER W M Coulson

ADDRESS 2238 N Mtn

(Key important. See instructions on back of certificates.)

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-002

E 17466

CERTIFICATE OF DEATH.

E 17466
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mercy Hospital St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry W. Gail Jr

(a) RESIDENCE NO. 14-N Duncan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Elizabeth K Gail

6 DATE OF BIRTH (month, day, and year): Sept 23rd 1891

7 AGE — Years: 35 — Months: 3 — Days: 9 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Sheet Metal worker
(b) General nature of industry, business, or establishment in which employed (or employer): and plumber 059
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Balto

PARENTS

10 NAME OF FATHER: Harry W Gail

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Md

12 MAIDEN NAME OF MOTHER: Emma Labaugh

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Balto Md

14 Informant: Harry W Gail
(Address): 5 E N Duncan St

Filed JAN 3 - 1927 JONES, H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Sinusitis

Duration

CONTRIBUTORY (Secondary) Pneumonia Terminal

(duration) yrs. mos. ds.

(Signed) W J Finlay M. D.
(Coroner)

Jan 2, 1927 (Address) 1624 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Immanuel Lutheran Cemetery — Date of Burial: Jan 4 1927

20 UNDERTAKER: George Schilling & Sons — ADDRESS: 1124 E Monument

very important. See instructions on back of certificate. Exact statement of OCCUPATION is

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

101-001

CERTIFICATE OF DEATH.

E 17467 — 1-PLACE OF DEATH South Baltimore Gen Hospital — 24-33 — E 17467 REGISTERED NO.

City of BALTIMORE: (No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W Miller

(a) RESIDENCE NO. 618 Clement St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 3, 1871

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	55	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Geo. Miller

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schuman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md.

14 Informant Mrs Chas Wenzger

(Address) 618 E. Clement St

Filed JAN 3 - 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1/1/27

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1927, to Jan. 1, 1927, that I last saw h.. alive on Jan 1st 1927, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A O Miller, M. D.

19 (Address) South Balt Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Holy Cross Cem. C.S.C.O. Jan 19 27

20 UNDERTAKER ADDRESS

Margaret J. Flynn 1422 Li

very important. See instructions on back of certificates.

E 17468 Spec. 1042 Amer. 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

100-001 E 17468

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N Gilmor St. 6-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Miller

(a) RESIDENCE NO. 123 N Gilmor St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Miller

6 DATE OF BIRTH (month, day and year) Mar 3, 1873

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ent Hann

13 BIRTHPLACE OF MOTHER (city or town) — (State or country)

14 Informant Mrs Miller

(Address) 123 N Gilmor St

15 Filed Jan 3 1927 Per C. PATTERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-25 1926, to 1-2- 1927,

that I last saw h alive on 1-2- 1927,

and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTOR (Secondary) Acute Alcoholism

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Stephen Doran, M. D.

, 19 (Address) Army Med Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL Jan 5 1927

20 UNDERTAKER Thos J Fulda ADDRESS 1200 N Lombard

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17469

CERTIFICATE OF DEATH

129

E 17469

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Colonial Hospital 2129 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Annie Marquette

(a) RESIDENCE NO. 737 Ramsay St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 26, 1851

7 AGE: Years 75 Months 4 Days 5

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Carroll Co. Md

(State or country)

PARENTS

10 NAME OF FATHER: Fred Marquette

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Elgin

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Melvin B. Lambert

(Address) 3516 Norwood ave

15 Filed 1927 JONES, Registrar

N 3 - 1927

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 1-1-27

17 I HEREBY CERTIFY, That I attended deceased from 12-29, 1926, to 1-1, 1927,

that I last saw her alive on 1-1, 1927,

and that death occurred, on the date stated above, at 12 —m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Lab. & Clinical

(Signed) V. B. Schlinger M.D.

1-1, 1927 (Address) 3034 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tyrone Carroll Co Md — Date of Burial: Jan 11 1927

20 UNDERTAKER: Chas C. Stitchell — ADDRESS: 1900 Gustavus Place

very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

Heise

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17470

E 17470

CERTIFICATE OF DEATH.

101-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N Glover ST., 6-10 WARD)

2-FULL NAME Christine D Heise

(a) RESIDENCE NO. 420 N Glover ST., 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J Heise

6 DATE OF BIRTH (month, day, and year) March 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) ——— 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christian Hagedorn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wehmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry J Heise

(Address) 420 N Glover St

15 - 1927 C. HANSON JONES, M. D. Registrar

Per ———

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/27

17

I HEREBY CERTIFY, That I attended deceased from 12/7/26 to 1/1/1927.

that I last saw her alive on 1/1/27, 19

and that death occurred, on the date stated above, at 8 15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lung findings

(Signed) Dr Shuler, M. D.

, 19 (Address) 3013 Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Jan 5 1927
20 UNDERTAKER	ADDRESS
Louis Heumann	926 Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17471

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Spring St. 5-1 WARD)

REGISTERED NO. 161-901 E 17471

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Burgess

(a) RESIDENCE NO. 15 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
♂	C	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 30. 26

7 AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Isaac Burgess

11 BIRTHPLACE OF FATHER (city or town) Littleton (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Austin

13 BIRTHPLACE OF MOTHER (city or town) Littleton (State or country) N.C.

14 Informant (Address)

15 1927 Per C. Ranson Jones M. D. 0915 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31 1926

17

I HEREBY CERTIFY, That I attended deceased from 12-30, 1926, to 12-31, 1926, that I last saw h— alive on 12-30, 1926, and that death occurred, on the date stated above, at 5A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. L. Berry, M. D.

, 19 (Address) 1520 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health

JAN 3 - 1927

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17472

CERTIFICATE OF DEATH.

102

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 St Annes Ave ST.) 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Ann Sanders

(a) RESIDENCE NO. 616 St-Ann eres ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec-1-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): not known

PARENTS

10 NAME OF FATHER George Sanders

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Mrs Michael Dennzio

(Address)

15 Filed JAN 3 - 1927 C. RAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1927 to Jan 3 1927.

that I last saw h-er alive on Jan 3 1927,

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows: Pleurisy with effusion

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roscoe G Ross M. D.

Jan 3 1927 (Address) 2438 Maryland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Lawn Com

DATE OF BURIAL: Jan 5th 1927

20 UNDERTAKER: E L Roy Stiffler

ADDRESS: 125 E Nath ave

TION is very important. See instructions on back of certificates. ...h may be properly classified. Exact statement of OCCUPA-

Spec.—1-12-23—M&T—500 Blks.

E 17473 (E 2222)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17473

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) ST. 6-9 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rochester (White)

(a) RESIDENCE NO. 1675 Orleans St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of -

6 DATE OF BIRTH (month, day, and year) [illegible] 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Geo. White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Dora

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) [illegible]

15 Filed Jan 19 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927

17

I HEREBY CERTIFY, That I attended deceased from Nov 5 1926 to Jan 1 1927

that I last saw h alive on Jan 1 1927

and that death occurred, on the date stated above, at 9.22 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Tuberculous Pericarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of 12 4/26

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Jan 4 1927
20 UNDERTAKER	ADDRESS
Mitchell & Bailey	1421 Jefferson

FION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17474

CERTIFICATE OF DEATH.

12 E 17474

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Homewood Av ST. 9-46 WARD

2-FULL NAME Melinda E. Haupt

(a) RESIDENCE NO. 2207 Homewood Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced (or) WIFE of Edward A. Haupt

6 DATE OF BIRTH (month, day, and year) Feb 22nd 1856

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John C. Darling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Heden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Edward A Haupt (Address)

15 Filed 3 - 1927 C. RAWSON JONES, M. D. Registrar Per ACB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 1927

17

I HEREBY CERTIFY, That I attended deceased from November 14th 1926, to Jan 1st 1927.

that I last saw h.. alive on Jan 1st 1927

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Dilatation of the Heart

Heart failure (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Tovey, M. D.

, 19 (Address) 414 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Jan. 4 1927
20 UNDERTAKER	ADDRESS
Wm. E. Black	427 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17475

CERTIFICATE OF DEATH.

197

E 17475

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. 1519 N Monroe St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lyda Hayward

(a) RESIDENCE NO. 1519 N Monroe St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Roman Hayward

6 DATE OF BIRTH (month, day, and year) July 5 1906

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	20	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Dorchester

(State or country) Md

PARENTS

10 NAME OF FATHER Denwood Dudley

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Dora Tenor

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md

14 Informant Mrs Mary C Dudley

(Address) 1519 N Monroe

15 Filed Jan 4, 1927 C. BAXTER JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) _____ M. D.

(Coroner)

Jan 4, 1927 (Address) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hanticoke Md Date of Burial Jan 4 1927

20 UNDERTAKER John Merrick ADDRESS 208 S Eutaw

Properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1927

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17476

E 17476

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bessmer Ave ST. Graceland Park WARD) 105 26 37

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert E. Hicks

(a) RESIDENCE No. Bessmer Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Howard

6 DATE OF BIRTH (month, day, and year) Oct 13 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motor Tender

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Amerus W Va

PARENTS

10 NAME OF FATHER Harrison Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Agnes Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Mrs Rose Hicks
(Address) Bessmer Ave.

15 Filed JAN 3 - 1927 19.. C. EMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/ 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1926, to Jan 1, 1927, that I last saw him alive on Jan 1, 1927, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the Heart.

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Asthma with Emphysema.

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. W. Klein, M. D.

1927 (Address) Dundalk, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem — DATE OF BURIAL Jan 4 1927

20 UNDERTAKER John Merrick — ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- may be properly classified. Use plain terms, so that it

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17477 135 E 17477

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Pulaski Hwy St. 8-12 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Jelinek

(a) RESIDENCE NO. 2203 Pulaski Hwy ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Jelenek

6 DATE OF BIRTH (month, day, and year) Jan 5 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Frank Jelinek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Barbara Jelenek

(Address) 2203 Curtain Ave

15 Filed 1-3-1927, 19.. EDWARD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from 12-30-26, 19.., to 1-2-27, 19.., that I last saw him alive on 1-2-27, 19.., and that death occurred, on the date stated above, at 1045P m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

Infection (duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Charles G. Lehr, M. D.

, 19.. (Address) 913 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
West Minister md	Jan 5 1927

20 UNDERTAKER Frank Erdmann ADDRESS 1906 Eutaw

ATION is very important See instructions on back of certificates.

Cor.—1-12-23—M&T—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17478

E 17478

CERTIFICATE OF DEATH.

112

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 N. Charles. ST. 12-50 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Crook

(a) RESIDENCE NO. 3201 N. Charles. ST., 12 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Ann C. Crook

6 DATE OF BIRTH (month, day, and year) — — 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	7		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Store
(c) Name of employer Grocer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Crook.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Ann C. Crook.
(Address) 3201 N. Charles St.

Filed N3 - 1927, 192 C. KAMPSON JONES, M. D., Registrar. Per ACK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ..... yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. mos. ds.

(Signed) John Morgan (Coroner.), M. D.

1/2, 192 7 (Address) 20 W. Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	1/4 192 7
20 UNDERTAKER John J. Tabaydaus	ADDRESS 318 Light St.

TION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17479

CERTIFICATE OF DEATH.

90 E 17479

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 106 Olive St. Curtis Bay. St. 25-7 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Matuszewski.

(a) RESIDENCE NO. 106 Olive St. Curtis Bay. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, XXXXXXXXXXXXX HUSBAND of XXXXXXXXXX Mary Matuszewski.

6 DATE OF BIRTH (month, day, and year) December 25, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	57	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Poland.

PARENTS

10 NAME OF FATHER Leon Matuszewski.

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Krukinski.

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Poland.

14 Informant Mary Matuszewski. (wife)

(Address) 106 Olive St. Curtis Bay.

15 Filed 3-1927 Registrar

By C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2, 1927 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Otto M Reinhardt M. D.
(Coroner)

1/3, 1927 (Address) 1017 E. Charles St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Jan 5 1927 Date of Burial

20 UNDERTAKER: John M Weber ADDRESS 1803 Bank St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

Dr Miller, 1500 Broadway ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17480

CERTIFICATE OF DEATH

90

E 17480

1-PLACE OF DEATH

REGISTERED NO. 17-19

City of BALTIMORE: (No. 1808 Guilford Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James C Tuckard

(a) RESIDENCE NO. 1808 Guilford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Tuckard

6 DATE OF BIRTH (month, day, and year) March 25, 1847

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min..
	79	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Manager Retired

(b) General nature of Industry, business, or establishment in which employed (or employer) Industries

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna

PARENTS

10 NAME OF FATHER Jacob Tuckard

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Pa

12 MAIDEN NAME OF MOTHER Atkinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Atkinson

14 Informant Ella Tuckard

(Address) 1808 Guilford Ave

15 Filed 3 - 1927 C. EARSON JONES, M. D. Registrar

Per AKD

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from 11/16, 1926, to 1/2, 1927, that I last saw him alive on 1/2 1927 and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) 5 yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Elma Tuckard, M. D.

1/3 1927 (Address) 1500 Broadway

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemet — Date of Burial 1-6 1927

20 UNDERTAKER Wm Cook — ADDRESS 502 E Northern

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.--1-12-23--M&T--500 Bks.

18 35-1
1E 17481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Died
44 E 17481

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4-25 ST. (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Baldwin

(a) RESIDENCE NO. 632 N. Fayette ST., City WARD
(Usual place of abode)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Baldwin

6 DATE OF BIRTH (month, day and year) Nov 21, 1896

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employee Decatur Hotel

(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Algernon Baldwin

11 BIRTHPLACE OF FATHER (city or town) Md - (State or country)

12 MAIDEN NAME OF MOTHER Susan Appleton

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Records
(Address)

15 Filed JAN 3 1927, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec-14, 1926, to Jan-2, 1927,
that I last saw him alive on Jan-2, 1927,
and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema and Cachexia; following a malignant disease of liver.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Ascites & Jaundice

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Partial.

What test confirmed diagnosis? Microscopic sections.

(Signed) Milton Sheary, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: Jan 5 1927

20 UNDERTAKER: W. M. Cook ADDRESS: 507 E. North Ave

TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Blks.

Dr Fillow 918 E Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17482 | 14 | E 17482

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 123 Augusta St 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie M Grimes

(a) RESIDENCE NO. 123 Augusta St Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Grimes

6 DATE OF BIRTH (month, day, and year): Nov 18, 1893

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	33	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Wash. D C

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Wash. D C

14 Informant: George Grimes

(Address) 123 E Augusta St

15 Filed ....., 19.....

1-3-1927 C. KARSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Jan 1, 1927,

that I last saw her alive on ....., 1927,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Post Partum Hemorrhage

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Still Birth.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. G. Fridow M. D.

1/6 1927 (Address) 918 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park Cemetery	1-4 1927
20 UNDERTAKER Hemlock	ADDRESS 502 E North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17483 ✓ E 17483

CERTIFICATE OF DEATH.

1927 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1322 E Pratt St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Prince

(a) RESIDENCE NO. 1062 Granby St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 6 1902.

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
24	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Prince

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Gerardo

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Pete Prince

(Address) 1826 Lombard St

15 Filed C. HANSON JONES, M. D. Registrar

3-1927 Per RAH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1- 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) found that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Self Inflicted Gun Shot Wound Instant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock.

(duration) yrs. mos. ds.

Jan 3 1927 (Signed) G. H. Weiss M. D.

(Coroner)

(Address) 1143 N. Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer	Jan 3 1927

20 UNDERTAKER	ADDRESS
Hubbell & Lippert	300 E Lanvale

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17484

CERTIFICATE OF DEATH

90 ✓ E 17484

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2033 Ellsworth St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles R Daffin

(a) RESIDENCE NO. 2033 Ellsworth St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lenora L Daffin

6 DATE OF BIRTH (month, day, and year) June 17—1879

7 AGE: Years 49 Months 6 Days 14 IF LESS than 1 day ..hrs. or ..min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer): 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Frank L Daffin

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Alice L Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Lenora L Daffin

(Address) 2033 Ellsworth St

Filed JAN 4 - 1927 C. [illegible] JONES, M. D. Registrar

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1926, to 1/1, 1927.

that I last saw him alive on 1/1, 1927.

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Miller, M. D.

1/2/27 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Oak Lawn Cemetery	Jan 4 1927
20 UNDERTAKER: Robt J Turner & Co	ADDRESS: 1822 Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17485
1-PLACE OF DEATH

CERTIFICATE OF DEATH.

100-002
14-30

E 17485
REGISTERED NO.

City of BALTIMORE: (No. 1422 Fagley ave St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Constance Gueon

(a) RESIDENCE NO. 1422 Fagley ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): June 10, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm Gueon

11 BIRTHPLACE OF FATHER (city or town):

(State or country): N. C.

12 MAIDEN NAME OF MOTHER: Wallace

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Balto Md.

14 Informant: Wm Gueon

(Address): 1422 Fagley ave

Filed JAN 4 - 1927 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/3/27 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Jan 3, 1927, that I last saw h.. alive on Jan 2, 1927, and that death occurred, on the date stated above, at 7:30 M.

The CAUSE OF DEATH* was as follows:

Toxemia 24 hours

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Cardiac Bronchitis

(duration) ...yrs. ...mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

, 19 (Address) 1029 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Date of Burial Jan 4 19 27

20 UNDERTAKER: John H. Toadvine ADDRESS 1027 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1925 E 17486

HEALTH DEPARTMENT—CITY OF BALTIMORE

31 E 17486

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hospital St. [illegible] Ward) 1949

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aaron Perkins

(a) RESIDENCE NO. 3401 Barclay St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 4 1881

7 AGE — Years: 45 — Months: 8 — Days: 28 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Virginia

(State or country): ~~United States~~

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town): ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town): ?

(State or country)

14 Informant: Mrs Katie Betts

(Address) 3109 Barclay St.

Filed JAN 4 - 1927

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2 1927

17

I HEREBY CERTIFY, That I attended deceased from 12/31/1926 to 1/2/1927, that I last saw him alive on 1/2/1927, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) W. E. Gatchell, M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. — Date of Burial: Jan. 4 '27

20 UNDERTAKER: Wm J. G. Locke — ADDRESS: 1302 Jeffers

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17487 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17487

CERTIFICATE OF DEATH.

90 v

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 106 Woodlawn Rd. St. 27-56 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice M. Schultz

(a) RESIDENCE No. 106 Woodlawn Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. W. Schultz

6 DATE OF BIRTH (month, day, and year) Dec. 17, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ....min.
	67		16 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired 60D

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER J. C. Higgins

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Annie Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Ada S. Koch

(Address) 607 Roland Ave.

15 C. HAMPSON JONES, M. D. Registrar

JAN 4 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1926. to Jan 3. 1927.

that I last saw her alive on Dec 27, 1926

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St Paul St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart signs

(Signed) Dr. H Pearl, M. D.

, 19 (Address) 2105 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery — DATE OF BURIAL Jan. 7, 1927

20 UNDERTAKER John O. Mitchell & Sons — ADDRESS 1900 Eutaw Pl.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17488

CERTIFICATE OF DEATH.

E 17488

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 E Eager Place ST. 12 WARD)

2-FULL NAME Andrew Zapf

(a) RESIDENCE NO. 2322 E. Eager Place ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Zapf

6 DATE OF BIRTH (month, day, and year) Nov. 14 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Ice Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Zapf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mitchen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Cora Zapf 2322 E Eager St

15 Filed JAN 4 1927 HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2nd 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1926 to Jan 2 1927 that I last saw h my alive on Jan 2 1927 and that death occurred on the date stated above, at 4:30 a m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation Nephritis Appendicitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 800 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Jan 5th 1927

20 UNDERTAKER Geo M. Frank Sons

ADDRESS 811 N Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

E 17489 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17489

CERTIFICATE OF DEATH.

74-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 116 E. Eastend St. 2243 WARD.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carlisle E. Haynie

(a) RESIDENCE. No. 116 E. Eastend ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Haynie

6 DATE OF BIRTH (month, day, and year) Sept 29 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hammerman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Haynie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Sarah Gilbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Harry A. Haynie (Address) 116 E. Eastend Ave

15 Filed ... 19.. C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1926 to Jan 2 1927 that I last saw him alive on Jan 2 1927 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 17 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Coroner

(Signed) R. E. H. Campbell, M. D.

1927 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	1-5 1927
20 UNDERTAKER	ADDRESS
E & B Hale	115 E West St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17490

CERTIFICATE OF DEATH.

4 E 17490

24-33

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 121 E West St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. King

(a) RESIDENCE NO. 121 E West St. 24 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Aug 1 1880

7 AGE: Years 46 Months 6 Days 1 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer): 009

(c) Name of employer: —

PARENTS

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

10 NAME OF FATHER: Peter C. King

11 BIRTHPLACE OF FATHER (city or town): Ireland

(State or country)

12 MAIDEN NAME OF MOTHER: Annie McVoy

13 BIRTHPLACE OF MOTHER (city or town): Ireland.

(State or country)

14 Informant: Mrs Ella V Harle

(Address) 121 E West St

15 Filed....., 19..... C. HAMPSON JONES, M. D.

Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-3 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 5 ct 1924, to Jan 1 27, 1927.

that I last saw h~~im~~ alive on Jan 1 27, 1927.

and that death occurred, on the date stated above, at 1215 A m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): acute Dilatation of Heart.

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Jenkins M. D.

, 19 (Address) 119 N. Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial 1-7 1927

20 UNDERTAKER: E & B Harle — ADDRESS 115 E West St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17491

CERTIFICATE OF DEATH.

188-003 E 17491

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 217 N. Collington Ave St., 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Selie Wolff

(a) RESIDENCE NO. 217 N. Collington Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	mdavced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE Sarah Linda Wolf

6 DATE OF BIRTH (month, day, and year) Unk

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Milk dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Russia

14 Informant Jack Lewis
(Address) 1439 E Balt St

Filed JAN 4 - 1927 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3/27

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured rib-punctured lung
Struck by automobile at Fayette & Chester

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Roberts M. D.
(Coroner)

1/4/27 (Address) 503 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ....yrs., ...mos., ...ds. In the State ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Hebrew Hebrew Rest	1/4 1927
20 UNDERTAKER	ADDRESS
Jack Lewis 1439	E Balt St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17492

CERTIFICATE OF DEATH.

129c

REGISTERED NO. E 17492

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1209 (Street) Smith ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Lake

(a) RESIDENCE NO. 1209 Smith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 5 - 187[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
55	—	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Home

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Ellicott City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ellicott City

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ellicott City

14 Informant Edna Robyson

(Address) 1209 E. Smith St

15 Filed JAN 4 1927, 19..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1926, to Jan 1, 1927, that I last saw h[illegible] alive on Jan 1, 1927, and that death occurred, on the date stated above, at 7 00 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Nephritis

(duration) one yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) H. Cooksey, M. D.

, 19 (Address) 1209 E. Smith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Jan 4 1927

20 UNDERTAKER: Virginia T. Brooks — ADDRESS: 1403 N. Carey St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17493

CERTIFICATE OF DEATH.

57

E 17493

REGISTERED NO.

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. 13-52 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard F. Bull.

(a) RESIDENCE NO. 3823- Roland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ella C Bull

6 DATE OF BIRTH (month, day, and year) Oct. 27 1870

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
56	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co

(State or country)

PARENTS

10 NAME OF FATHER Nicholas Bull

11 BIRTHPLACE OF FATHER (city or town) Balto. Co

(State or country)

12 MAIDEN NAME OF MOTHER Virginia McCauley

13 BIRTHPLACE OF MOTHER (city or town) Harford Co

(State or country)

14 Informant Mrs Ella C Bull

(Address) 3823 Roland Ave

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

N4 - 1927 Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/3 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/31, 1926, to 1/3, 1927, that I last saw h.. alive on 1/3, 1927, and that death occurred, on the date stated above, at 10.55 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carbuncle Neck

Terminal Bronchopneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! yes Date of 12/31/26

Was there an autopsy! no

What test confirmed diagnosis! Laboratory Findings

(Signed) H Watts, M. D.

, 19 (Address) Mercy Hospital City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery Date of Burial Jan 3 1927

20 UNDERTAKER A S Marshall ADDRESS 3539 Fall Rd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17494

CERTIFICATE OF DEATH.

24 001 E 17494

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Eyndhurst Ave ST. 15-65 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Adelia R. Swartz

(a) RESIDENCE NO. 2601 Eyndhurst Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joel Swartz

6 DATE OF BIRTH (month, day, and year) Feb 24 1835

7 AGE	Years	Months	Days	If LESS than 1 day,... hrs. or.....min.
	91	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Josiah Swartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa Rumm

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa Rumm

14 Informant Dr. C. H. Swartz (son)
(Address) 2601 Eyndhurst Ave

15 Filed JAN 4 - 1927 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2nd 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1926, to Jan 2nd, 1927,

that I last saw him alive on Jan 2nd, 1927,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Gustav Theodore Boehncke, M. D.

Jan 3, 1927 (Address) 1120 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL June 1927

20 UNDERTAKER H W M Rontzon

ADDRESS 2230 N Mth

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17495

CERTIFICATE OF DEATH.

90 E 17495

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1420 N. Charles St. Ward) 13-24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alfred T. Dorsey

(a) RESIDENCE NO. Division St 2315 St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Carrie Dorsey

6 DATE OF BIRTH (month, day, and year) Dec. 21 — 1886

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	40		10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ice Cream
(b) General nature of industry, business, or establishment in which employed (or employer) maker
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto

PARENTS

10 NAME OF FATHER Frank Dorsey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Frederick

12 MAIDEN NAME OF MOTHER Emma Hanson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Emma Dorsey
(Address) 306 Main

15 Filed JAN 4 - 1927 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Val. dis. Aort.
acute Cardiac dilatation
Anuria (duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
(duration) .....yrs. .....mos. .....ds.

Jan 3 1927 (Signed) ....., M. D.
(Coroner)
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — Date of Burial: Jan 4 1927

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Riesstown St

Not should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17496

100-001

CERTIFICATE OF DEATH.

E 17496

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1123 Proctor ST. 10-14 WARD)

2-FULL NAME Stefano Diventi

(a) RESIDENCE NO. 1123 Proctor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 23/26

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Joseph Diventi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Petronia Kuzor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Joseph Diventi

(Address) 1123 Proctor

15 Filed 19 .... Registrar

C. HAMPSON JONES, M. D.

Per

N4 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3rd 1927

17 I HEREBY CERTIFY, That I attended deceased from 31st Dec. 1926, to 3rd Jan 1927, that I last saw he alive on 3rd Jan 1927, and that death occurred, on the date stated above, at 3. p. m.

The CAUSE OF DEATH* was as follows: Lobular Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinically

(Signed) S. D. Carbaugh, M. D.

, 19 (Address) 811 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Vincent — DATE OF BURIAL: Jan 5 1927

20 UNDERTAKER: Hunt & Erickson — ADDRESS: 1906 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Bks.

E 17497

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17497

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1075 Ellicott Driveway St.; 16-67 WARD)

REGISTERED No. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence F. Eimer.

(Residence in Baltimore: No. 1075 Ellicott Driveway St.; ....yrs., ...mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE,	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word)
Male	White	Married

6-DATE OF BIRTH, Nov. (Month) 27 (Day), 1899 (Year)

7-AGE,	If LESS than 1 day,
27 yrs. 1 mos. 6 ds.	....hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.

10-NAME OF FATHER, Christopher Fred Eimer.

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Mollie Schwab.

13-BIRTHPLACE OF MOTHER (State or Country), Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mollie Eimer

(Address) 1075 Ellicott Driveway

15-

JAN 4 - 1927

C. HAMPSON JONES, M. D.

Registrar.

Per .....

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) 2 (Day), 1927 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 15 1926, to Jan 2 1927, that I saw him alive on Jan 2 1927, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(Duration) ....yrs. 3 mos. ....ds.

CONTRIBUTORY (Secondary) Carcinoma of Rectum

(Duration) 1 yrs. ....mos. ....ds.

(Signed) Jos. M. Sterler M. D.

Jan 4, 1927 (Address) 1117 Poplar Grove

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park. DATE OF BURIAL, Jan. 5th, 1927

20-UNDERTAKER Charles J. Schwab. ADDRESS 505 N. Monroe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 17498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-30-31

E 17498

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE; (No. 3112 Abell Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Wm Robertson Jr

(a) RESIDENCE NO. 3112 Abell ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 5 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 28 1900

7 AGE — Years: 26 — Months: 6 — Days: 5 — IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Ag't

(b) General nature of industry, business, or establishment in which employed (or employer): W. I. Shackelford Co

(c) Name of employer: Retired 2 yrs

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Fredk Wm. Robertson

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Va

12 MAIDEN NAME OF MOTHER: Edna A. Hammond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Md.

14 Informant: Mrs. Edna A. Robertson

(Address) 3112 Abell ave.

Filed JAN 4 - 1927

C. HAMPSON JONES, M. D.

Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1926, to Jan 2, 1927, that I last saw h[illegible] alive on Jan 2, 1927, and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & T. B.

(Signed) [signature], M. D.

(Address) 3201 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. — Date of Burial: Jan 5 1927

20 UNDERTAKER: Wm J. Fickner Sons — ADDRESS: Mount Pa

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

E 17499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17499

CERTIFICATE OF DEATH

74-001

1-PLACE OF DEATH

REGISTERED NO. 1561

City of BALTIMORE: (No. 3202 Windsor Ave St., 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Wm Durk

(a) RESIDENCE NO. 3202 Windsor Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Johanna Amelia Durk

6 DATE OF BIRTH (month, day, and year) March 1, 1853

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	73	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ry. Mail Service

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer Retired 7 yrs.

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER ? Durk.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Frances Hucks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Amelia Durk.

(Address) 3202 Windsor Ave.

15 Filed ..., 19.. ... Registrar

Per ...

JAN 4 - 1927 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 19 27

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1926 to Jan 2, 19 27.

that I last saw him alive on Jan 2, 19 27.

and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ... yrs. 1 mos. 24 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E Ford M. D.

1/3, 1927 (Address) 2232 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Woodlawn Cem.	Jan 5 1927
20 UNDERTAKER Wm J Tucker & Sons	ADDRESS North & Pa

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17500

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 W. Fulton ave. St. 15-68 Ward) 90

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Cordelia Frances Graham

(a) RESIDENCE No. 1812 Fulton ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

CAUSE OF DEATH should be stated BY PHYSICIANS in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James K. Graham.

6 DATE OF BIRTH (month, day, and year): Dec 5 1853

7 AGE: Years 73. Months 0 Days 28 If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm H. Deagle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Nancy Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): James K. Graham 1812 Fulton ave.

JAN 4 - 1927

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 2- 19 26 to Jan. 2. 19 27.

that I last saw h e alive on Jan. 2- 19 27

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos 1½ ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) Herbert C Blake M. D.

19 (Address) 1014 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clarksberry Va — DATE OF BURIAL: Jan 4 1927

UNDERTAKER: Wm J Pickett & Son — ADDRESS: North Ave

Cor.—1-12-21—M&T—100 Blks.

E 17501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1927 E 17501

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) B. & O. tracks near 8th & Pratt (ST.) (WARD)

2-FULL NAME Alfred Bordley

(a) RESIDENCE NO. 1823 Orleans (ST.) ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet A. Bordley

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) B. & O.
(c) Name of employer

9 BIRTHPLACE (city or town) ..... Md
(State or country)

PARENTS

10 NAME OF FATHER A. Bordley

11 BIRTHPLACE OF FATHER (city or town) ..... Md
(State or country)

12 MAIDEN NAME OF MOTHER Minerva Thompson

13 BIRTHPLACE OF MOTHER (city or town) ..... Md
(State or country)

14 Informant Mattie Waddell
(Address) 1823 Orleans St

Filed JAN 4 - 1927 HAMPSON JONES, M. D.
Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/29 1926.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by St. Paul, B. & O. Train Koad Electric accidental

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.
(Coroner.)
1/6/27 (Address) 1612 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	Jan 4 1927
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100-001 E 17502

REGISTERED NO.

E 17502

1-PLACE OF DEATH

City of BALTIMORE: (No. 1411 N Broadway. St. 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leah Bud Low

(a) RESIDENCE NO. 1411 N Broadway. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S. if of foreign birth 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Bullow (deceased)

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	54 yrs	–	–	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia

(State or country)

PARENTS

10 NAME OF FATHER Morris Scheckman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Leah Scheckman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Oscar Bud Low

(Address) 1901 N Smallwood St

15 Filed JAN 4 - 1927 C. HAMPSON JONES, M. D., Registrar

Per K K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1926, to Jan 3, 1927

that I last saw h[illegible] alive on Jan 3, 1927

and that death occurred, on the date stated above, at 8.05 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted Balto

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Jacob Cohen M. D.

(Address) 223 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — Date of Burial 1/4 1927

20 UNDERTAKER S Jennason Bro — ADDRESS 1127 E Balto St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21 M&T 1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17503

CERTIFICATE OF DEATH.

90 E 17503

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 N. Wolfe ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa R. Steen

(a) RESIDENCE NO. 1604 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of George W. Steen

6 DATE OF BIRTH (month, day, and year) Nov 27-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs or ....min.
	61	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER Michael Keithley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Mary Cullum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bear Carsile Md

14 Informant Belle Keithley

(Address) 1604 N. Wolfe St

15 Filed JAN 4 - 1927 E. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2 1927

17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1926 to Jan 2 1927

that I last saw h alive on Jan 2 1927

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Uremia

Nephritis

Hypertension Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Fred Bunting M. D.

347 (Address) 1604 N. Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Jan 5 1927

20 UNDERTAKER Henry Lutz ADDRESS 1203 N. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159-002

E 17504

REGISTERED NO. E 17504

E 17504

1-PLACE OF DEATH

City of BALTIMORE: (No. 5 W. Heath St. 23-34 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Dolly M. Evans

(a) RESIDENCE NO. 5 W. Heath St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 3, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	–	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: –

(b) General nature of industry, business, or establishment in which employed (or employer): –

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Josephine Meier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs. John Evans

(Address) 5 W. Heath St.

Filed JAN 4 - 1927

G. HAMPSON JONES, M. D. City Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan. 3 27

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 19 27, to Jan 3, 19 27

that I last saw her alive, on Dec 2, 19 27

and that death occurred, on the date stated above, at 9:40 A. M.

The CAUSE OF DEATH* was as follows:

Edema Pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. Hall Bull, M. D.

1-3, 192 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Date of Burial Jan 4 1927

20 UNDERTAKER: Margaret E. Flynn ADDRESS 14 rr Light

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17505 — 90 — E 17505

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Mens Home St., 14-26 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. V. Todd

(a) RESIDENCE NO. 1400 W. Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 22, 1833

7 AGE: Years 93 | Months 7 | Days 12 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: J. F. Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co Md

12 MAIDEN NAME OF MOTHER: Catherine Talbot

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Co Md

14 Informant: Mary C. Forrest

(Address) 1400 W Lexington St

15 FILED JAN 4 - 1927 G. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 31 26, to Jan 3, 27, that I last saw h..... alive on Jan 2, 27, and that death occurred, on the date stated above, at 6 55 m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Pulm Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Norwood, M. D.

, 19 (Address) 939 W Fay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Barretts Delight — Date of Burial: Jan 5 1927

20 UNDERTAKER: George J. Smith — ADDRESS: Hollins

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17506

CERTIFICATE OF DEATH.

11-1 129

E 17506

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Dolphin ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Remus Cook

(a) RESIDENCE. No. 408 Dolphin ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3[illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Color	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Cook

6 DATE OF BIRTH (month, day, and year) dont no

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labar 040 N.

(b) General nature of industry, business, or establishment in which employed (or employer) dont no

(c) Name of employer dont no

9 BIRTHPLACE (city or town) (State or country) Howard County Md

PARENTS

10 NAME OF FATHER John Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hattie Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Willis Cook
(Address) 693 W Mulberry St

15 Filed JAN 4 - 1927 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1926, to Dec. 31, 1926, that I last saw him alive on Dec. 31, 1926, and that death occurred, on the date stated above, at 6-15 P m.

The CAUSE OF DEATH* was as follows:

(Chronic) Naphritis

Uremic Coma

History (duration) yrs. 3 mos. C. 7 ds.

CONTRIBUTORY (Secondary) Gangrine of leg.

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

. 19 (Address) 1029 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cty	Jan 4 1927

20 UNDERTAKER Leonard Hahn ADDRESS [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 17507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 17507

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3123 Abbott St. 12-50 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Olivia Cramer

(a) RESIDENCE. NO. 3123 Abbott ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 7 1849

7 AGE: Years 77 Months 7 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Glasgow Scotland

PARENTS

10 NAME OF FATHER: John M. Lean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Cuntrodd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant (Address): Arthur Cramer 3123 Abbott Ave

15 Filed JAN 4 1927, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from March 26 1926 to Jan 2 1927

that I last saw h[illegible] alive on Jan 2 1927

and that death occurred, on the date stated above, at 12.40 m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

One

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1520 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	1/5/27
20 UNDERTAKER	ADDRESS
J J Foley, Jr & Bro	1318 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

17508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-002

E 17508

1-PLACE OF DEATH So Balt Gen'l Hosp 2332 REGISTERED No.

City of BALTIMORE: (No. 1211 Light St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby boy Keating

(a) RESIDENCE NO. 1648 St Charles St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/1/27

7 AGE — Years | Months | Days 3 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ood

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Richard J. Keating

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mother Chumney

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Virginia

14 Informant: Richard J. Keating

(Address): 1648 St Charles St.

JAN 4 - 1927

HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Jan 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1927, to Jan 3, 1927, that I last saw h.. alive on Jan 3, 1927, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Miller, M. D.

19 (Address) Balt Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem

Date of Burial: 1/4 1927

20 UNDERTAKER: J. J. Baker & Son

ADDRESS: 1318 Light

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17509

CERTIFICATE OF DEATH

129

E 17509

REGISTERED NO.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

City of BALTIMORE: (No. ____ St., 22-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances Green

(a) RESIDENCE NO. 18 East Church St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) (1861 ?) 1884

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
Given	65			
Proven	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 93

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Lamo Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) —

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) —

14 Informant

(Address) Records

JAN 4 1927 HAMPSON JONES, M. D.

Filed ..... 19.. Per ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1 1927

17 I HEREBY CERTIFY, That I attended deceased from December 21, 1926, to January 1, 1927, that I last saw her alive on December 31, 1926, and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis & Interstitial Sclerosis

A. S. ? (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general laboratory

(Signed) C. Booper Smith, M. D.

Jan 3 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt Zion Ct	1/5/27

20 UNDERTAKER Isaiah S Brown ADDRESS 10 W Montgomery

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17510

31 E 17510

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1226 Mosher St. 16-6 WARD)

2-FULL NAME Addie Young

(a) RESIDENCE NO. 1226 Mosher ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25? yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Young.

6 DATE OF BIRTH (month, day, and year) March 9, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chamber Maid

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer Mrs Patterson

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Nathaniel McGhee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Raleigh N. C

12 MAIDEN NAME OF MOTHER Mrs Eliza Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs Elizabeth McGhee

(Address) 1226 Mosher St.

15 JAN 4 - 1927

H. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31 1926

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1926 to Dec 31, 1926.

that I last saw her alive on Dec 31, 1926

and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

(Small Cavity Rt. Upper Lung).

Tuberculosis Pulmonary Hemorrhage

(duration) yrs mos 1 Day

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright M. D.

(Address) 1209 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 1/4 1927

20 UNDERTAKER Samuel D. Kressley

ADDRESS 528 N. Bdwy

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Blks.

17511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14 E 17511

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 334 S. Monroe St. 20-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gustav F. Landrock

(a) Residence No. 334 S. Monroe St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie M. Landrock

6-DATE OF BIRTH (month, day and year) Dec 16-1864

7-AGE. 62 yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Shoe Store

(b) General nature of industry, business, or establishment in which employed (or employer)... Worker

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Frederic Landrock

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Mrs. Nellie M. Landrock

(Address) 334 S. Monroe St.

15-Filed JAN 4 - 1926 C. HAMPSON JONES, M. D. Registrar. by [illegible]

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Jan 1st-1927

17- I HEREBY CERTIFY, That I attended deceased from Dec 29 1926 to Jan 1 1927

That I last saw him alive on Jan 1 1927

and that death occurred, on the date stated above, at 6 5 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sym + Symptoms

(Signed) Paul O. Culp M. D.

1/3 1927 (Address) 541 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Lutto. Cemetery

DATE OF BURIAL. Jan 6th 1927

20-UNDERTAKER. George L. Schmidt & Sons

ADDRESS Fulton Ave.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17512

90 E 17512

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 514 S. Eollington Ave Ward 13)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Henry Wiessner

(a) RESIDENCE NO. 514 S. Eollington Ave St. 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie Wiessner.

6 DATE OF BIRTH (month, day, and year) Oct. 7th 1869

7 AGE	Years	Months	Days
	57	2	28

IF LESS than 1 day.....hrs. or.....min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Wagner Packing Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Penna.
(State or country)

PARENTS

10 NAME OF FATHER George Wiessner

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Penna.

12 MAIDEN NAME OF MOTHER Margaret Lodus

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto. Md

14 Informant Carrie Wiessner (Wife)
(Address) 514 S. Eollington ave

15 Filed JAN 4 - 1927, 19 T. HAMPSON JONES, M. D.
per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3rd 1927

17 I HEREBY CERTIFY, That I attended deceased from 12/1 19.., to 1/3 19 27,
that I last saw h... alive on 1/3 19 27,
and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia
Chronic Nephritis

(duration) Few Hours yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) H. Russell Wiessner M. D.

. 19 27 (Address) 514 S Eollington Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery. Date of Burial Jan 7th 1927

20 UNDERTAKER Lilly & Zeiler ADDRESS 403 S. Wolfe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Dks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17513

100-001

CERTIFICATE OF DEATH.

REGISTERED NO. E 17513

1-PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St. 26-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Amelia Mauler

(a) RESIDENCE NO. 21 N. Clinton ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Late Wm H. Mauler

6 DATE OF BIRTH (month, day, and year) June 8. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Conrad. Wietzel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Weitzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Amelia Mauler

(Address) 21 N. Clinton St.

JAN4 - 1927

H. HAMILTON JONES, M.D.

per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Jan 3, 1927, that I last saw her alive on Jan 3, 1927, and that death occurred, on the date stated above, at 12:45 p.m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Varicose Ulcers of Leg — 3 mos.

(duration) yrs. mos

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Clinical

(Signed) Edward R. Miller M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL 1927

UNDERTAKER Lilly & Zeiler

ADDRESS 403 W. Lafayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

E 17514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 17514

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1809 Belt St. St._____ Ward) 24-34

2-FULL NAME Thomas I. Sheckels.

(a) RESIDENCE NO. 1809 Belt St. St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Effie E. Sheckels.

6 DATE OF BIRTH (month, day, and year)
March, 23, 1888.

7 AGE	Years	Months	Days 8	IF LESS than 1 day.....hrs. or.....min.
	38,	9,	10.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk, Buck Glass
(b) General nature of Industry, business, or establishment in which employed (or employer) Co. 609
(c) Name of employer

9 BIRTHPLACE (city or town)_____
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Fletcher J. Sheckels.
11 BIRTHPLACE OF FATHER (city or town)_____
(State or country) Mary F. Walters.
12 MAIDEN NAME OF MOTHER Mary F. Walters.
13 BIRTHPLACE OF MOTHER (city or town)_____
(State or country) Balto. Md.

14 Informant Effie E. Sheckels
(Address) 1809 Belt St.

Filed JAN 4 1927, 19____ Per _____ Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2 19 27

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Jan 2, 1927, that I last saw him alive on Jan 1, 1927, and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH* was as follows:
Pneumonia Influenza
Diabetes Mellitus
Acute Parenchymatous Nephritis
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pneumonia Hemorrhagic
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?_____
Did an operation precede death? No Date of_____
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Thos F Stevens, M. D.
1/2, 1927 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem Date of Burial Jan 5, 1927

UNDERTAKER: C. Howard Evans ADDRESS 38 E Fort Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17515

E 17515

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 6-10 Ward)

2-FULL NAME Sam Rosen

(a) RESIDENCE NO. 22 N. Monford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Rosen

6 DATE OF BIRTH (month, day, and year) - 1864

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Joseph Rosen

(Address) 2906 Eastwood Ave

15 [illegible]

JAN 4 - 1927

C. HAMPSON JONES, M. D. Registrar

Per MRS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1926, to Jan 4, 1926, that I last saw him alive on Jan 4 —, 1926, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Hepatic Flexure of Colon

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12/22/26

Was there an autopsy? No

What test confirmed diagnosis? Laparotomy for CA

(Signed) Dr. P. Rabinowitz, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrem Rosedale Date of Burial 1/4 1927

20 UNDERTAKER Jack Lewis ADDRESS 1437 Bank St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17516

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Kate ave ST. 15 58 90 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Markell

(a) RESIDENCE NO. 2819 Kate ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Markell

6 DATE OF BIRTH (month, day, and year) — 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Kunberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E Baltimore

15 Filed 1927 G. HAMPSON JONES, M. D., Registrar

Per ARS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1926, to June 3, 1927.

that I last saw her alive on Dec. 15, 1926

and that death occurred, on the date stated above, at 2:45 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration.

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

June 6, 1927 (Address) 1515 N Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	7/5 1927
20 UNDERTAKER Jack Lewis 1439 E Balto	ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ... mation should be carefully supplied. AGE ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17517

CERTIFICATE OF DEATH.

182 E 17517

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Fallsway & Fawn 4-3 Ward)

2-FULL NAME Leon Mawney

(a) RESIDENCE NO. Mercy Hospital St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work orderly Oto

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mercy Hospital

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

DEC 1927 Per C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1926

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) James H. Hendrix M. D. (Coroner)

12 27 1926 (Address) 702 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER

ADDRESS

Commissioner Health

JAN 2 - 1927

per Wm. E. WOODALL

THIS IS A PERMANENT RECORD. Every item must be carefully answered. WRITE PLAINLY, WITH UNFADING INK—The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17518

90 E 17518

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St. 163 Ward)

2-FULL NAME Amos Richardson

(a) RESIDENCE NO. Unknown St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1866

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant West Balto. Gen. Hosp.

(Address) Baltimore Md

15 Dec. 29 19 27 C. HAMPSON JONES, M. D.

Per Asst. Registrar

JAN 4 - 1927

404

0920

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 25 192 6

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest

(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. T. Hennessy M. D.

(Coroner)

19 26 (Address) 2502 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER Commissioner Health ADDRESS JAN 4 - 192

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17519

E 17519

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 76-7 St. Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick H. Anderson

(a) RESIDENCE NO. 31-E. 132nd St Wilmington Del. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER Charles Anderson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New Jersey

14 Informant Records

(Address)

15 Filed JAN 4 - 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31 1926

17

I HEREBY CERTIFY, That I attended deceased from December 11, 1926, to December 31, 1926, that I last saw him alive on December 31, 1926, and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Incr. Pulmonary Myocardial Failure 58

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) R. Hospes Lunt, M. D.

Jan 2, 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Disinterred and buried at Kinderton Va

Date of Burial 1/6/27

20 UNDERTAKER by E. & B. Harle ADDRESS 115 E. West St

JAN 4 - 1927

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17520

38 E 17520

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St., 22-31 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Waith

(a) RESIDENCE NO. 37-E. Hugh St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
31	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of indnstry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) West Indies

PARENTS

10 NAME OF FATHER Charles A. Waith

11 BIRTHPLACE OF FATHER (city or town)

(State or country) West Indies

12 MAIDEN NAME OF MOTHER Mamie —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) West Indies

14 Informant

(Address) Records

15 Filed JAN 4 1927 By C. HAMPSON JONES, M. D. Registrar

0918

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1 1927

17

I HEREBY CERTIFY, That I attended deceased from December 6, 1926, to January 1, 1927, that I last saw h.. alive on January 1, 1927, and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Alcoholism (Chronic)

Residual right hemiplegia (Fracture)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Jan 2 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

Date of Burial 19

20 UNDERTAKER

ADDRESS JAN 4 - 1927

Commissioner of Health.

N4

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

17521

CERTIFICATE OF DEATH

45 E 17521

1-PLACE OF DEATH

City of BALTIMORE: (No. 1705 N. Bond St. 8-17 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Haubert

(a) RESIDENCE NO. 1705 N. Bond St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S. if of foreign birth 41 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs Elizabeth Haubert.

6 DATE OF BIRTH (month, day, and year) September 14th 1855

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	71	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Mattress Maker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Haubert

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Simon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Elizabeth Haubert (Address) 1705 N. Bond St

15 Filed ..... 19 .....

JAN 4 - 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3rd 1927

17 I HEREBY CERTIFY, That I attended deceased from about 1 year ago to ..... 19..., that I last saw him alive on Jan 3-1927, 19..., and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Cancer rectum

1 year or more (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? ~~Autopsy~~ W. T. Riley

(Signed) 1639 Eutaw Pl. M. D.

, 19 (Address) Baltimore

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery — Date of Burial Jan. 5 1927

20 UNDERTAKER Henry Storck & Son — ADDRESS 1301 E. Eager St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Bks.

E 17522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17522

CERTIFICATE OF DEATH

near Guilford 129

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 304 Birchwood Place St. 17-49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick H. Connell

(a) RESIDENCE NO. 304 Birchwood Place St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. ~ mos. ~ ds. How long in U. S. if of foreign birth ~ yrs. mos. ds.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary D. Connell

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	63	~	~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor 016

(c) Name of employer

9 BIRTHPLACE (city or town) New Jersey (State or country)

PARENTS

10 NAME OF FATHER Philip E. Connell

11 BIRTHPLACE OF FATHER (City or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Anne B. Manley

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Mrs Mary D. Connell (Address) 304 Birchwood Place

15 Filed JAN 4 - 1927 C. HAMPSON JONES, M. D. Registrar Per Nurse

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 19. 1924. to Jan 3 1927

that I last saw him alive on Jan 3 1927

and that death occurred, on the date stated above, at 5 P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uremia & Nephritis

(Signed) Walter C Bacon M. D.

1/4/26 (Address) ~~1/4/26~~ 100 E 20th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Cemetery Texas Md. Date of Burial Jan. 7 1927

20 UNDERTAKER Henry Hoeck Son ADDRESS 1301 E Eager St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 17523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90 E 17523

REGISTERED NO._____

1-PLACE OF DEATH Mercy Hospital

City of BALTIMORE: (No. _____ St. 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Taylor

(a) RESIDENCE NO. 727 George St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced BUSBAND of (or) WIFE of Ernest Taylor.

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
57				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Dr

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Lizzie Smith

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Hamp P. Taylor

(Address) 727 George St.

15 JAN 4 1927 C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4 1927

17

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1927, to Jan 4, 1927,

that I last saw h.... alive on Jan 4, 1927,

and that death occurred, on the date stated above, at 1:45 a. m.

The CAUSE OF DEATH* was as follows:

Aortic regurgitation mitt

Cardiac decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of? —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas B. Turner, M. D.

, 19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery Date of Burial Jan. 7 1927

20 UNDERTAKER Stone St. Ridder ADDRESS 4-32 E. Biddle St.

—WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. If none, write NONE. Unknown or impossible answers are not sufficient. Every medical certification should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION may be very important. See instructions on back of certificates.

JAN 4

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17524

CERTIFICATE OF DEATH.

129 E 17524

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St. 4th 25

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry G. Wall

(a) RESIDENCE NO. 410 N. Fayette St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E. Hall

6 DATE OF BIRTH (month, day, and year): about 1867

7 AGE: Years: about 60 Months: Days: IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lithographer

(b) General nature of industry, business, or establishment in which employed (or employer): 063

(c) Name of employer: General

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER Edward P. Wall

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Martha Tuft

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address)

N4 - 1927 C. HAMPSON JONES, M. D. Registrar

For ARR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said.....

(Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.

(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn L. J. Date of Burial: Jan. 5 1927

20 UNDERTAKER: Chas. E. Franck ADDRESS: 501 Madison

WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE, WHEN FILED, BECOMES A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 17525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17525

CERTIFICATE OF DEATH.

98

1-PLACE OF DEATH

City of BALTIMORE: (No. 1001 Edmondson Ave St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Nertney

(a) Residence No. 1001 Edmondson Ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Catherine Nertney

6-DATE OF BIRTH (month, day and year) Dec 8th 1871

7-AGE. 55 yrs. mos. 26 ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) Gas & Electric

(c) Name of employer

9-BIRTHPLACE (city or town). Martinsburg W Va

(State or Country).

PARENTS.

10-NAME OF FATHER, Michael Nertney

11-BIRTHPLACE OF FATHER (city or town). Ireland

(State or Country).

12-MAIDEN NAME OF MOTHER, Bridget Kidd

13-BIRTHPLACE OF MOTHER (city or town). Ireland

(State or Country).

14-

(Informant) Eliz Meehan

(Address) 1001 Edmondson Ave

15-

FILED 1927 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 3 1927.

17- I HEREBY CERTIFY, That I attended deceased from Dec 25 to Jan 3 19 27

that I last saw him alive on Jan 1 19 27

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease, High Blood Pressure & Hardening of the Arteries

(Duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure Uremia

(Duration) yrs. mos. 2 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Chas. H. Burbert, M. D.

Jan 4, 1927 (Address) 1100 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral — DATE OF BURIAL, 1-5-, 1927

20-UNDERTAKER. H. Brauning — ADDRESS 517 N. Schroeder St.

4

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17526

E 17526

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 90

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1123 Cleveland ST. 21-24 WARD)

2-FULL NAME Michael Feany

(a) RESIDENCE NO. 1123 Cleveland St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Feany

6 DATE OF BIRTH (month, day and year) Nov 8 1863

7 AGE Years 63 Months 1 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Feany

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Hennessy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Sarah Feany 1123 Cleveland Ave

15 Filed 1927 C. HAMPSON JONES, M. D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1927 to Jan 7 1927

that I last saw him alive on Jan 7 1927

and that death occurred, on the date stated above, at 7 20 P m.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency 4 yrs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John E Schwarzbach M.D.

, 19 (Address) 1126 W Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem

DATE OF BURIAL 1/5 1927

20 UNDERTAKER Fenza & Farley Fulton & Fayette

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17527

100-001

E 17527

CERTIFICATE OF DEATH.

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO.

City of BALTIMORE: (No.) St. 23-34 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie V. Maxwell

(a) RESIDENCE NO. 122 W. Randall St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Innis H Maxwell

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland.

PARENTS

10 NAME OF FATHER George W Collins

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Records

(Address)

15 Filed JAN 4 1927 C. HAMPSON JONES, M. D.

Per RCR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4 1927

17

I HEREBY CERTIFY, That I attended deceased from December 22, 1926, to January 4, 1927, that I last saw h.. alive on January 3, 1927, and that death occurred, on the date stated above, at 4.45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

Alcoholic Neuritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? general & laboratory

(Signed) A. Hooper Smith, M. D.

Jan 4, 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll Co. Md. Springfield Cemetery Date of Burial Jan 6 26

20 UNDERTAKER Weer & Son, Inc. ADDRESS Sykesville Md.

JAN 4 1927

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. Every question should be answered EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 lbs.

17528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17528

CERTIFICATE OF DEATH.

X 129

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6 Ensor ave. (St.) (27 43) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma G. Greene

(a) RESIDENCE NO. 6 Ensor ave St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Greene

6 DATE OF BIRTH (month, day, and year): Oct. 30-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Mason B Lyle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Bethel Ensley

(Address): 6 Ensor ave

15 Filed: 4 - 1927 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 26 to June 3 27,

that I last saw h alive on June 3 27

and that death occurred, on the date stated above, at 1145 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? dont know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinic

(Signed) H Knox Insley, M. D.

(Address) 2937 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park, Va

DATE OF BURIAL: 6/4 1927

20 UNDERTAKER: J. A. Moran

ADDRESS 3 Coe E Balto

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU-TION is very important. See instructions on back of certificates.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17529

CERTIFICATE OF DEATH

X 36-004

E 17529

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Colonial Hospital St. 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo T. Tallenger

(a) RESIDENCE NO. Wilmington, Dela. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary R. Tallenger

6 DATE OF BIRTH (month, day, and year) Jan 26th 1885

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Atlas Powder Works

(c) Name of employer Atlas Powder Co

9 BIRTHPLACE (city or town) Lapidum

(State or country) Harford Co, Md

PARENTS

10 NAME OF FATHER Cecil Tallenger

11 BIRTHPLACE OF FATHER (City or town) ?

(State or country) Harford Co.

12 MAIDEN NAME OF MOTHER Alice Baker

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) Harford Co

14 Informant Mary R. Tallenger

(Address) Wilmington Del

15 Filed JAN 4 - 1927

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2nd 1927 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1926, to Jan 2/ 1927,

that I last saw him alive on Jan 2/ 1927,

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

a. Intramural Nephritis

+ Uremia

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) A. L. Rathua, M. D.

, 19 (Address) Colonial Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havredegrace Md. Date of Burial Jan 6 1927

20 UNDERTAKER W M Routson ADDRESS 223 St Paul

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-004a

E 17530

CERTIFICATE OF DEATH.

E 17530

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 308 Lyndhurst St. 20-20 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Julia Kasten

(a) RESIDENCE NO. 308 Lyndhurst St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Kasten

6 DATE OF BIRTH (month, day, and year) Sept. 26. 1853

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Casper Houck

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Europe

12 MAIDEN NAME OF MOTHER Christina Hall

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Europe

14 Informant Miss Anna Kasten

(Address) 308 Lyndhurst St.

4 - 1927 C. HAMPSON JONES, M. D.

Per AKH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan 3, 1927

17

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1926, to Jan 3, 1927, that I last saw h[illegible] alive on Jan 7, 1927, and that death occurred, on the date stated above, at 9.00 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Syncope

(duration) yrs. mos. ds. about 12 hours

CONTRIBUTORY (Secondary) Cerebral arterio-sclerosis

(duration) yrs. mos. ds. about 1 year

18 Where was disease contracted

If not at place of death!

Did an operation precede death! no Date of

Was there an autopsy! no

What test confirmed diagnosis! usual

(Signed) G. Lotsch Ewell, M. D.

1/4, 1927 (Address) 7945 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem. Date of Burial Jan. 6 1927

20 UNDERTAKER Margt L. Flynn ADDRESS 1422 Light St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17531

CERTIFICATE OF DEATH.

94001

E 17531

1-PLACE OF DEATH Sinai Hospital

City of BALTIMORE: (No. _____ St. 9-47 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Yeaman S. Marriott

(a) RESIDENCE NO. 509 E. 38th St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1854

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	8	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Physician
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Richard W. Marriott

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Md.

12 MAIDEN NAME OF MOTHER Julia B. Smith

12 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Fredericksburg

14 Informant Mrs. A. Asterlok
(Address) Richmond Va.

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar
Per _____

4 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4th 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1927, to Jan 4th, 1927, that I last saw h.i.m alive on Jan 4th, 1927, and that death occurred, on the date stated above, at 7.25 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension
Cardiac Hypertrophy failure
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hemorrhage into cerebrum
Cardiac failure.
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical Tests.

(Signed) John A. Askin, M. D.
, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Fredericksburg, Va.	1/5/1927.
20 UNDERTAKER: Harid Sondheim	ADDRESS: 118-20 W. Mt. Royal Ave.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17532

101-001 E 17532

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 2650 Boone St. St., 9-4L Ward)

2-FULL NAME Hudson Johnson

(a) RESIDENCE NO. 2650 Boone St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Johnson

6 DATE OF BIRTH (month, day, and year): Mar. 27-1886

7 AGE: Years 40 | Months 10 | Days 7 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Va.

PARENTS

10 NAME OF FATHER: Jeff Johnson

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Va.

12 MAIDEN NAME OF MOTHER: Peggy Winn

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va.

14 Informant: Mrs. Lillian Johnson

(Address) 2650 Boone St.

15 Filed 4-1927

C. HAMPSON JONES, M. D.

Per _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1926, to Jan 2, 1927, that I last saw h[illegible] alive on Jan 2, 1927, and that death occurred, on the date stated above, at 3.00 p.m.

The CAUSE OF DEATH* was as follows:

Coma Pneumonia

(duration) .....yrs. .....mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? Place death

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. G. Hudson, M. D.

, 19 (Address) 2329 Lemmon St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cobham, Va. Date of Burial 1/6/1927

20 UNDERTAKER: Mrs. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec- 12-23-21—E.B.R.S.—400 Bks.

E 17533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17533

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1035 ARGYLE AVE St., ... Ward) 17-24 129

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... JOHN H. MILBURN.....

(a) Residence No. 1035 ARGYLE AVE St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-Single, Married, Widowed, or Divorced, (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Milburn

6-DATE OF BIRTH (month, day and year) ? 1886

7-AGE. 40 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)..... 688

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Md.
(State or Country).

PARENTS.

10-NAME OF FATHER, Chas. H. Milburn

11-BIRTHPLACE OF FATHER (city or town)..... Md.
(State or Country).

12-MAIDEN NAME OF MOTHER, Annabell Yates

13-BIRTHPLACE OF MOTHER (city or town)..... Md.
(State or Country).

14-
(Informant)... Maude Milburn
(Address)... 1035 Argyle Ave

15-
Filed ..... 4-1927 Per .....
C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan 2 1927

17- I HEREBY CERTIFY, That I attended deceased from Dec 26 1926 to Jan 2 1927

that I last saw h.. alive on Jan 2 1927

and that death occurred, on the date stated above, at 3.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Duration) ..... yrs. ..... mos. ..... ds

CONTRIBUTORY (Secondary) Chronic Rheumatism

(Duration) ..... yrs. 6 mos. ..... ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas P Chambers M. D

Jan 3. 1927 (Address) 1504 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St. Peters — DATE OF BURIAL. 1/7/ 1927

20-UNDERTAKER. Mrs. Geo. H. Collard — ADDRESS 1631 Druid Hill Ave

Exact statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. Examine instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 17534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101-001 ✓ E 17534

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St. 17-2E Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Holland

(a) RESIDENCE NO. 1205 Argyle Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
49	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Nathaniel Holland

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Carolina ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant

(Address) Records

15 Filed 1-6 1927 C. HAMPSON JONES, M. D. Registrar

Per RRB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4 1927

17

I HEREBY CERTIFY, That I attended deceased from January 1, 1927, to January 4, 1927, that I last saw him alive on January 4, 1927, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ....yrs. ....mos. 6 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) ....yrs. ....mos. 1 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? General & Laboratory

(Signed) C. Cooper Smith, M. D.

Jan 4, 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Date of Burial 1/6/1927

20 UNDERTAKER ADDRESS

Mrs. Geo. H. Holland 1631 Druid Hill Ave

IMPORTANT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17535

CERTIFICATE OF DEATH.

E 17535

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St., 14-20 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Sanks

(a) RESIDENCE NO. 660 Patchen St. _____ Ward _____

(Usual place of abode) ?

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
55 54				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant

(Address) Records

15 Filed JAN 5 - 1927 C. HAMPSON JONES, M. D. Registrar Per A.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2 1927

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to January 2, 1927, that I last saw h... alive on January 1, 1927, and that death occurred, on the date stated above, at 5:45 A. M.

The CAUSE OF DEATH* was as follows:

Residual right Hemiplegia

Hypertension

Cerebral Sclerosis

(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Jan 2, 1926 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Cem. Date of Burial Jan 5 1927

20 UNDERTAKER John H. Toadvine ADDRESS 1027 Hanover Ave

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tion should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificates. EXACTLY. PHYSICIANS should state CAUSE properly classified. Exact statement of OCCUPATION is

Spec. 12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-002 E 17536

E 17536

CERTIFICATE OF DEATH STILLBORN NO. _____ REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. St. _____ Ward) 1-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Bruce

(a) RESIDENCE NO. _____ St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 Color or Race Black

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 28, 1926

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....0....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer

9 BIRTHPLACE (city or town) ....

(State or country) Md.

PARENTS

10 NAME OF FATHER Harvey Wallace

11 BIRTHPLACE OF FATHER (city or town) ....

(State or country) Md.

12 MAIDEN NAME OF MOTHER Ellen Bruce

13 BIRTHPLACE OF MOTHER (city or town) ....

(State or country) Va.

14 Informant J. Hoerner

(Address) Johns Hopkins Hospital.

15 Filed MAR 5 - 1927 By C. HAMPSON JONES, M. D. Registrar

Per RK.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-31, 1926, to 12-31, 1926, that I last saw him alive on 12-31, 1926, and that death occurred, on the date stated above, at 2 35 A. m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted

If not at place of death? ....

Did an operation precede death? No Date of ....

Was there an autopsy? Yes

What test confirmed diagnosis? ....

(Signed) J. Hoerner, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL Date of Burial

20 UNDERTAKER ADDRESS JOHNS HOPKINS HOSPITAL

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17537

1610 01 ✓ 1610 E 17537

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hospital. St. 7-1 Ward)

2-FULL NAME Baby Drumgold

(a) RESIDENCE NO._____ St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 30 - 1926

7 AGE — Years | Months | Days | IF LESS than 1 day, 13 hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Hubert Davis

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Flossie Drumgold

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant J K Hoerner MD

(Address) Johns Hopkins Hospital

Filed JAN 5 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1926

17 I HEREBY CERTIFY, That I attended deceased from 12-30, 1926, to 12-30, 1926, that I last saw him alive on 12-30, 1926, and that death occurred, on the date stated above, at 1 00 P. M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) J K Hoerner, M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL Date of Burial 19

20 UNDERTAKER: JOHNS HOPKINS HOSPITAL ADDRESS

This certificate must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17538

CERTIFICATE OF DEATH.

161002 E 17538

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH South Balt Gen Hosp

City of BALTIMORE: (No. 1213 Light St., 8-11 Ward)

2-FULL NAME Ruby Brashear

(a) RESIDENCE NO. 2740 E. Chase St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 3-1927

7 AGE — Years | Months | Days: 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Brashear

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Janet Hobstein

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Penna

14 Informant Charles Brashear

(Address) 2740 E. Chase St

Filed JAN 5 - 1927 C. HAMPSON JONES, M. D. Registrar

Per RR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1927

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1927, to Jan 4, 1927

that I last saw h.... alive on Jan 4, 1927

and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) ....yrs. ....mos. 1 ds.

CONTRIBITORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. S. Hundley, M. D.

, 19 (Address) 1213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove, Mt Airy, Md Jan 5 1927

20 UNDERTAKER: Nathan Cook ADDRESS 502 E North Ave

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1400 W Balto

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17539

CERTIFICATE OF DEATH

129 E 17539

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1720 Mc Henry St. Ward 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bentz

(a) RESIDENCE NO. 1720 Mc Henry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 10-1846

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min..
	80	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Bentz

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Schaffer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs Alex Schultz

(Address) 1710 Mc Henry

15 Filed JAN 5 1927 C. HAMPSON JONES, M. D., Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 1-3rd 1927

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1926, to Jan 3, 1927, that I last saw h[illegible] alive on Jan 3rd, 1927 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis 2

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Coma 8 hours

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred Kraemer M. D.

Jan 4 1927 (Address) 1400 W Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: 1/5 19[illegible]

20 UNDERTAKER: Wellain Cook — ADDRESS: 502 E North

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17540

90 E 17540

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St., 13 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Everd

(a) RESIDENCE NO. 516 So Kenwood Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred G.

6 DATE OF BIRTH (month, day, and year) 1876 Dec 25

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	50		9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER George Zick.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant (Address) Records

Filed JAN 5 - 1927 C. HAMPSON JONES, M. D. Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4 1927

17

I HEREBY CERTIFY, That I attended deceased from December 3, 1927, to January 4, 1927, that I last saw her alive on January 4, 1927, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

Residual left Hemiplegia

Chronic myocarditis 2 Mos Duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) R. Hooper Smith, M. D.

Jan 7, 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Oakland Cemetery Jan 7 1927

20 UNDERTAKER ADDRESS

W. M. Cook 52 E Eutaw

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 17541 — 1-PLACE OF DEATH

74-001

23-31

E 17541 — REGISTERED NO.

City of BALTIMORE: (No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adolph Schmidt

(a) RESIDENCE NO. 124 W. Ostend St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) ?

14 Informant _____

(Address) Records

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

Per _____

JAN 5 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1 1927

17

I HEREBY CERTIFY, That I attended deceased from August 20, 1925, to January 1, 1927, that I last saw him alive on January 1, 1927, and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis,

Emphysema

Senility

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Haemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? general & laboratory

(Signed) A. Hooper Smith, M. D.

Jan. 2 1927 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore MD — Date of Burial 1927

20 UNDERTAKER _____ ADDRESS Wm Cook 502 E North Ave

Use ribbon for typewriting supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Bks.

E 17542 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17542

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4800 Cowson Ave ST., Govans 27 WARD)

REGISTERED NO. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Bessie Whitlock Allen Williamson

(a) RESIDENCE No. 4800 Cowson Ave ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Scott Williamson

6 DATE OF BIRTH (month, day, and year): 1843

7 AGE — Years: 84 (85) — Months — Days — If LESS than 1 day, hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: John Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: W. S. Williamson

(Address): 4800 Cowson Ave.

15 Filed JAN 5 1927 Per

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-3 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Jan. 3 1927.

that I last saw h alive on Jan 3 1927

and that death occurred, on the date stated above, at 9.05 P. m.

The CAUSE OF DEATH* was as follows:

Ulcer of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Haus, M. D.

(Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 6 1927

20 UNDERTAKER: W. Cook — ADDRESS: 502 E North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

Dr Crumplar 1013 Poplar Grove St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 E 17543

E 17543

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 815 Woodward St. 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Belt

(a) RESIDENCE NO. 815 Woodward St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara O. Belt

6 DATE OF BIRTH (month, day, and year) March 15. 1872

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	54	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hayward & Bartlett

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Leonard Belt

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Gilbert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Clara O Belt

(Address) 815 Woodward St

JAN 5 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1927

17 I HEREBY CERTIFY, That I attended deceased from Sept, 19 26, to Jan 4, 19 27

that I last saw him alive on Jan 3, 19 27

and that death occurred, on the date stated above, at 2 15 m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical Findings

(Signed) W. R. Brumplar, M. D.

, 19 (Address) 1013 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park	Jan 7 1927
20 UNDERTAKER	ADDRESS
Wm Cook	502 E Balto

tion should be carefully supplied. AGE should be st
OF DEATH in plain terms, so that it may be properl
very important. See instructions on back of certific

Spec.–7-17-26—A Co.—200 Bks.

Dr Brantz, Calvert & Fayette 215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 17544 (1-PLACE OF DEATH)

129 E 17544 REGISTERED NO.

City of BALTIMORE: (No. 206 E Lafayette Ave St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William King

(a) RESIDENCE NO 206 E Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hanna L King

6 DATE OF BIRTH (month, day, and year) Oct 1. 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Civil Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer State of Va.

9 BIRTHPLACE (city or town) N. C

(State or country)

PARENTS

10 NAME OF FATHER John King

11 BIRTHPLACE OF FATHER (City or town) Scotland

(State or country)

12 MAIDEN NAME OF MOTHER Rent Jack

13 BIRTHPLACE OF MOTHER (city or town) Scotland

(State or country)

14 Informant Hanna L King

(Address) 206 E Lafayette Ave

15 Filed JAN 5 1927

C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 27 1926 to Jan 3rd 1927

that I last saw him alive on Jan 3rd 1927

and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Anemia Pernicious.

Due Cellulitis of 4 days.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Cancer of Colon

Disease with high blood pressure

(duration) many yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical history

(Signed) Wilmer Brantz, M. D.

, 19 (Address) 1 W. Lex. Calvert & Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — Date of Burial Jan 5 1927

20 UNDERTAKER H. Cook — ADDRESS 507 E Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17545

CERTIFICATE OF DEATH.

31

REGISTERED NO. E 17545

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 E. Chase St ST. 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Seidman

(a) RESIDENCE No. 1718 E. Chase St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Seidman

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 Eutaw St

15 Filed JAN 5 - 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1927

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1925, to Jan 4, 1927, that I last saw h[illegible] alive on Jan 4 1927 and that death occurred, on the date stated above, at 11:20 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M Cumberata M. D.

Jan 4 1927 (Address) 1058 N Bunny

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rock Road	1/5 1927
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 Eutaw St

• CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17546

99-002 E 17546

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital 15-60

City of BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Resnik

(a) RESIDENCE NO. 2100 Clifton Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Resnick

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 50; Months —; Days —

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town)

(State or country) Russia

10 NAME OF FATHER Harry

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Michael Resnick

(Address) Mt Airy Md

15 Filed....., 19..... C. HAMPSON JONES, M. D. Registrar

Per

JAN 5 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 4 - 1927

17 I HEREBY CERTIFY, That I attended deceased from 1-4-27, 19 27, to 1-4, 19 27, that I last saw h.e.r. alive on 1-4, 19 27, and that death occurred, on the date stated above, at 5 55 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchiectasis ? Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests.

(Signed) John A. Askin, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Harmon Rm Date of Burial 1/5 19 27

20 UNDERTAKER: Jack Levin ADDRESS 1439 Eutaw St

IMPORTANT.—Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

44 E 17547

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Arlington Ave. (George) 27-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew J Keller

(a) RESIDENCE NO. 905 Arlington ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Keller

6 DATE OF BIRTH (month, day, and year) Sept. 10 - 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Andrew J. Keller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary A. Biggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D. C.

14 Informant Andrew J. Keller Jr. (Address) 1317 Eutaw St.

15 Filed JAN 5 - 1927 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 - 4 - 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan . 19 26 . to Jan 4 . 19 27 .

that I last saw h-- alive on Jan 2 - . 1927 ,

and that death occurred, on the date stated above, at 3.50 A m.

The CAUSE OF DEATH* was as follows:

Cancer of throat (carcinoma)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Glan carcinomata.

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) K. C. Keller, M. D.

1-4. 1927 (Address) 5700 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan. 6 1927

UNDERTAKER Zirkler + Zirkler — ADDRESS 1739 E Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

W. 16-68 001 ✓ 74 E 17548

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Lanvale ST. 16 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olga Benner

(a) RESIDENCE NO. 1638 Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1868

7 AGE 58

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Conrad Benner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Bertha Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Leonard Benner (Address) 1638 D Lanvale St

15 Filed JAN 5 1927 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Jan 5, 1927, that I last saw h alive on Jan 2, 1927, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) — yrs. — mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Leo Trempler, M. D.

1/4, 1927 (Address) 517 Leadenhall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park.

DATE OF BURIAL 1/5 1927

UNDERTAKER D. Leonard A. Trempler

ADDRESS 739 Washington Blvd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17549

CERTIFICATE OF DEATH.

94-001

REGISTERED NO. E 17549

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1210 Mattan ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Johnson

(a) RESIDENCE NO. 1210 Mattan ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fa

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Aquilla Johnson

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Patty Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Charlotte Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wilson Johnson

(Address) 957 Bradley Ave

15 Filed JAN 5 - 1927 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4-1927

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1926 to Jan 3, 1927.

that I last saw he alive on Jan 3, 1927.

and that death occurred, on the date stated above, at 1:10 P.M.

The CAUSE OF DEATH* was as follows:

Arthritis —

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) J. Garland Chrisfield M. D.

Jan 4, 1927 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Jan 7, 1927

20 UNDERTAKER Samuel Easton

ADDRESS 916 Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-8-26—A Co.—200 Bks.

E 17550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17550

CERTIFICATE OF DEATH.

180-091

1-PLACE OF DEATH

City of BALTIMORE: (No. 1508 Division St. 14-20 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lucretia V. McDuffy

(a) RESIDENCE NO. 1508 Division St. St._____ Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 19, 1924

7 AGE Years: 3 Months: 4 Days: 14

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER: James White

11 BIRTHPLACE OF FATHER (city or town):

(State or country): West Indies

12 MAIDEN NAME OF MOTHER: Lucretia McDuffy

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Lucretia McDuffy

(Address): 1508 Division St.

Filed JAN 5 - 1927 C. HAMPSON JONES, M. D., Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3, 1927

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental suffocation by bed clothing

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) C. H. Jones M. D. (Coroner)

Jan 3, 1927 (Address) 280 Saratoga

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

Date of Burial: Jan 4 1927

20 UNDERTAKER: Daniel Carter

ADDRESS: Laurel

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-26—A Co.—200 Bkn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17551

CERTIFICATE OF DEATH.

E 17551

1-PLACE OF DEATH

City of BALTIMORE: (No. 1220 N. Gilmor St. St., 16-22 Ward)

REGISTERED NO. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patsy Mitchell (Widow)

(a) RESIDENCE NO. 1220 N. Gilmor St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 Color or Race: colored | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1880

7 AGE: Years 47 | Months | Days | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer: General

9 BIRTHPLACE (city or town): Va

(State or country)

PARENTS

10 NAME OF FATHER Jacob Toulin

11 BIRTHPLACE OF FATHER (city or town): Va

(State or country)

12 MAIDEN NAME OF MOTHER Nancy Hopkins

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Va.

14 Informant Annie Conway

(Address) 1225 N. Gilmor St.

15 Filed Jan 5 19 27 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 192 7

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of neck

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. C. Hennessy M. D.
(Coroner)

Jan 5, 1927 (Address) 2802 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. Date of Burial: Jan 4 1927

20 UNDERTAKER: David Carton ADDRESS 916 Pa ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-2-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001

E 17552

CERTIFICATE OF DEATH.

E 17552

1-PLACE OF DEATH

REGISTERED NO._____

City of BALTIMORE: (No. Sinai Hospital St., ~~Nalional~~ Ward) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby (boy) Budlow

(a) RESIDENCE NO. 1118 Mc Culloh St. St._____ Ward_____

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 12 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? — yrs. — mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	W

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 17, 1926.

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	—	—	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Nathan Budlow

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Sylvia Landau

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant N. Budlow

(Address) 1118 Mc Culloh st

15 Filed_____, 19____ C. HAMPSON JONES, M. D. Registrar

JAN 5 - 1927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1/4/27.

17

I HEREBY CERTIFY, That I attended deceased from 12-17, 1926 to 1-4, 1927, that I last saw him alive on 1-4, 1927; and that death occurred, on the date stated above, at 3.45P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ____yrs. ____mos. ____ds.

CONTRIBUTORY (Secondary)

Prematurity (duration) ____yrs. ____mos. ____ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinically

(Signed) Harry Weinstock, M. D.

1/5, 19 27 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Hebrew Herzl Park 1/5 1927

20 UNDERTAKER — ADDRESS

E. Levinson & Bro. E Balto st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor. 12-'25-A Co.—200 Blks.

E 17553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

90

E 17553

REGISTERED NO. 4

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1124 W. Mulberry St., 18-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Hopkins

(a) RESIDENCE NO. 1124 W. Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Cold	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Hopkins

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	about 45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Recto

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Bergman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant Eugene Calhoun

(Address) 1124 W. Mulberry St

AN 5 - 1920 Filed 19 HAMPSON JONES, M.D.

Per Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1st 192 7

17 I HEREBY CERTIFY that I took charge of the remains deserbed above, held an Inquest

(Inquest, autopsy or inquiry)

thereon and from the evidence obtained thereat and from other

(Inquest, au-

topsy or inquiry.) find that said deceased came to.....

on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

Jan 2nd 1926 (Signed) Thos. B. Horton M. D.

(Coroner)

(Address) Curtis Bay Md

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Use other side for additional space.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Auburn Cemetery	Jan 5, 1926
20 UNDERTAKER Katie R. Williams	ADDRESS 322 S. Schroeder St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17554 | CERTIFICATE OF DEATH. | E 17554

101-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 E. 20th ST., 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse H. Umberger

(a) RESIDENCE NO. 1115 E. 20th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Sennott.

6 DATE OF BIRTH (month, day, and year) August 2 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith.

(b) General nature of industry, business, or establishment in which employed (or employer) 006

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jesse Umberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Isabella Umberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Catherine Umberger (Address) 1115 E 20th St.

15 JAN 5 - 1927 HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec-29- , 1926 , to Jan 4 , 1927 ,

that I last saw h[illegible] alive on Jan-3 , 1927

and that death occurred, on the date stated above, at 7-25 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia -

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. Gill Hall, M. D.

Jan 5-1927 19 (Address) 1631 E. North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem — DATE OF BURIAL 1/7/27

20 UNDERTAKER Geo. J. Putty — ADDRESS 1715 Harford Av

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17555

CERTIFICATE OF DEATH.

100-001 E 17555

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St., 9-46 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley Rowley Jr.

(a) RESIDENCE NO. 2832 Montebello Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. How long in U. S., if of foreign birth? 2 yrs. 8 mos. ds.

(If non-resident give city or town and State)

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6 DATE OF BIRTH (month, day, and year) May 8, 1924

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	2	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None yrs

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Stanley Rowley Sr.

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Hunt

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Stanley Rowley Sr

(Address) 2832 Montebello Ave

15 Filed JAN 5 - 1927 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3, 1927. 19

17

I HEREBY CERTIFY, That I attended deceased from Dec 23, 1926 to Jan 3, 19 27, that I last saw him alive on Jan 3, 19 27, and that death occurred, on the date stated above, at 10 25 m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (?) Rickets — over

(duration) yrs. mos. ds.

Is Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Max H. Rohrfell, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial 1/7 19 27

20 UNDERTAKER: George J Ruth — ADDRESS 1735 Harford Ave

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17556

CERTIFICATE OF DEATH.

181 E 17556

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip LeRoy Raybon,

(a) RESIDENCE NO. 1701 N. Bethel ST., WARD Balt Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~ Single

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) March 8, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Mr Alfred Raybon,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md.

14 Informant Alfred Raybon
(Address) 1701 N. Bethel St.

15 [illegible] HAMPSON JONES, M. D.
Registrar

JAN 5 - 1929

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3 1929.

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 3, 1929, that I last saw him alive on Jan 3, 1929, and that death occurred, on the date stated above, at 8.10 a m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) 2 yrs. 10 mos ds.

CONTRIBUTORY (Secondary) Ether Anesthetic for Tonsillectomy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Jan 3. 1929

Was there an autopsy? yes

What test confirmed diagnosis? None

(Signed) Raymond Johnston, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	1/6 1929

20 UNDERTAKER	ADDRESS
George J Ruth	1735 Harford Ave

IMPORTANT. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 17557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16 E 17557

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 449 Orchard St ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Hollis

(a) RESIDENCE NO. 449 Orchard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Anthony R. Hollis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mabel Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant

(Address) C. HAMPSON JONES, M. D.

15 Filed JAN 5 1927 Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3 1927

17

I HEREBY CERTIFY, That I attended deceased from 12-20, 1926, to 1-3-1927

that I last saw her alive on 1-2, 1927

and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of new born

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Eva F. Dodge, M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL JAN 5 1927

Department of Health

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 17558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-901 E 17558

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 E. Warren ST. 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Lee

(a) RESIDENCE NO. 1110 E. Warren ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 hrs ~~ds.~~ How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Jan 3 1927

7 AGE	Years	Months	Days	If LESS than 1 day, 11 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Larry Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Beulah Hobbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Pa

14 Informant Beulah Lee (Mother)

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JAN 5 1927 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 1927

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1927, to Jan 4 1927, that I last saw h[illegible] alive on Jan 3 1927, and that death occurred, on the date stated above, at 6 00 a m.

The CAUSE OF DEATH* was as follows:

Immaturity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Alexander Lowey, M. D.

19 (Address) 15-16 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19 JAN 6 1927
UNDERTAKER	ADDRESS

Deputy Registrar of Vital Statistics, Baltimore, Md.

TION is very important See instructions on back of certificates.

Spec.—8-21-14—M-6/5—2000 Blks.

E 17559

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17559

CERTIFICATE OF DEATH.

114

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 130 Richmond St. 11-24 (WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Bishop

(Residence in Baltimore: No.) 130 Richmond St.; 60 yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (*Write* the word.) Married

6-DATE OF BIRTH, May 5, 1852
(Month) (Day) (Year)

7-AGE, 74 yrs. 7 mos. 27 ds.

If LESS than 1 day, ... hrs. or .... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): .....

9-BIRTHPLACE, (State or Country) Harford Co. Md.

PARENTS.

10-NAME OF FATHER, John W Bishop

11-BIRTHPLACE OF FATHER (State or Country), Md

12-MAIDEN NAME OF MOTHER Charlotte Harper

13-BIRTHPLACE OF MOTHER (State or Country), Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma Bishop

(Address) 130 Richmond St

15- JAN 5 - 1927 1927 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan 2, 1927
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 14 1926, to Jan 2 1927, that I saw h.. alive on Jan 2 1927, and that death occurred, on the date stated above, at 5.30 p.m.

The CAUSE OF DEATH* was as follows:

Enteric Colitis

(Duration) 2 yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C B Hughes M. D.

Jan 5, 1927 (Address) 1403 E Hill St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, Loudon Park | DATE OF BURIAL, 1/6, 1927

20-UNDERTAKER Samuel Wheeler | ADDRESS 1 E Baltimore St

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17560

CERTIFICATE OF DEATH.

E 17560

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST., 12-49 WARD)

REGISTERED NO. 101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Miller

(a) RESIDENCE No. Lakeshore, Gibson Is, Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 24 1864

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Care taker

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer Dr Brun

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John H Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John H Miller (deceased)

(Address) Gibson Is.

15 Filed JAN 5 1927 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1927

17

I HEREBY CERTIFY, That I attended deceased from Dec 17, 1926, to Jan 1, 1927, that I last saw h/m alive on Jan. 1, 1927, and that death occurred, on the date stated above, at 8: A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia, lobar.

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Gibson Island Md

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Physical Signs.

(Signed) C. H. Berlinghof, M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem. A.A. Co. Md.	1/6, 1927
20 UNDERTAKER	ADDRESS
Henry U. Meade and Son	802 N. Calvert

TION is very important. See instructions on back of certificates.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 1st DAY OF Apr
OF 19 65 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH FE 14456 Sept 27, 1926 AND
ENDING WITH: FE 17560- JAN. 5, 1927 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: _____

END OF REEL